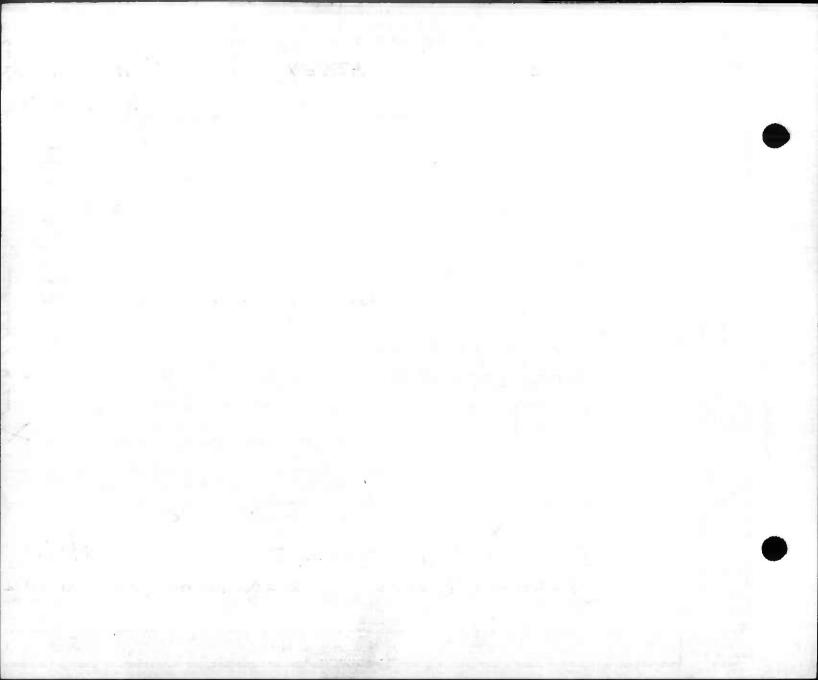
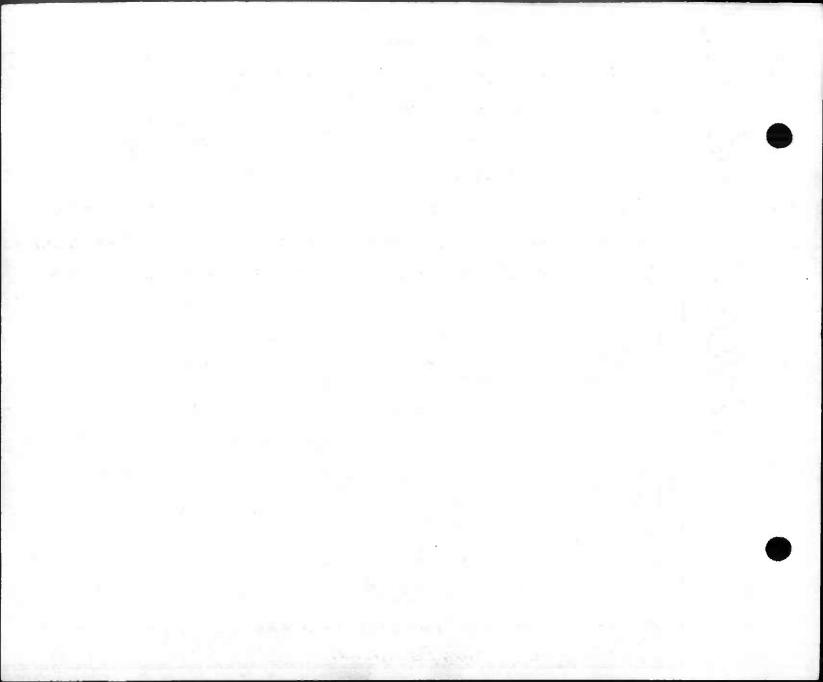
The Control of the Salar William Salar

STATE OF MARYLAND



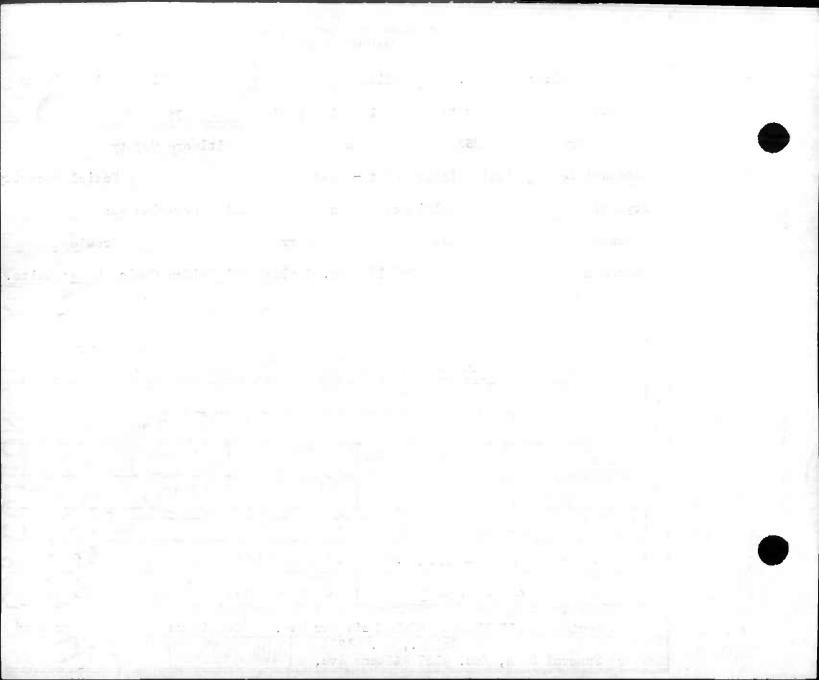
A		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND 1 2 8 0 0 3
12		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
2 0 0 0 0 E		EASED NAME FIRST MIDDLE LAST ACKERMANS DEATH MATED 11-12 1981 AM
RY, PEASE DIRECTOR. DUB FILES. TY HOURS	3. SEX	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HOUR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRODUCED DEAD
100 mm 200 mm 20		RTHPLACE (STATE OR PROPERTY OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PROPERTY OF COUNTY OF DEATH
		Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) OR MOST OF WORKING LIFE) OR INDUSTRY
21201 ANY DELA AND 3 TO RETAIN PE HOULD BE REGORDE	USUA 13a. S	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 136 OUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS
, MD. 2. NTH. IF A STATE OF ST	14. FA	THER'S NAME FIRST MIDDLE LAST MIDDLE LAST MIDDLE LAST LAST MIDDLE LAST MIDDLE LAST MIDDLE LAST
BALTIMORE, M S. AFIER DEATH GIVE PAGES 1, TITH FORM PM PAGES 1 AND 2 WISION OF VIT	16a. V	ACKEMAN LIZADETA RAMINSKI (AS DECEASED EVER IN U.S. ARMED FORCES? S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
MST., BALLI HOURS AF MA 18. GIVE MA 18. GIVE RMIT. PAG RMIT. PAG R		M CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELECACION THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE HORD MADICAL EXAMINER ALONG WITH FORM PM 3. RETAIN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HALITH AND MENTAL HYGIENE, DIVISION OF VITAL REGORDS.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OR Conditions, if ony, which
RDS, 201 W. F EXECUTED WIT ING" IN PENC ICAL EXAMIN A BURIAL-TRA H AND MENTA WATION, OR F		gove rise to immediate couse (a) stating the <u>underlying couse lost.</u> (b) COUNTY CONSEQUENCE OF HYPER CONSEQUENCE OF HYPER COUNTY CONSEQUENCE OF HYPER COUNTY CONSEQUENCE OF HYPER COUNTY COUN
RECORDS, LD BE EXEC PENDING, PAS A BUIL MEALTH AN FEALTH AN	NO O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONCUTTON GIVEN IN PART 1 o
SHOULD ORD "PE ORE NE USED A UT OF HE AURIL OF HE AURI	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." RITING TO THE CHIEF E3 SHOULD BE USE E3 SHOULD BE USE F3 CEPERRATING F1 OI PRIOR TO BURIAL		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
DIVISION OF THIS CERTIFICATI E, WRITING THE V WARDED TO THI AGG 3 SHOULD STATE DEPARTME 7,21201 PRIOR TO	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK
EXAMINER: TO CERTIFICATE, VID BE FORW DIRECTOR: PA DIRECTOR: PA MARYLAND, 2		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection
IN EXAM HE CERTIFICATION ID B OULD B NI DIREC HH, WITH		ACTUAL M.D. Define MEDICAL EXAMINER SIGNED 11/12/87
AMEDICAL ECUTE THE EQE 4 SHO FUNERAL TER DEATH	-	EXAMINER'S NAME K. S. A HLUW ALIA ADDRESS 2112, Dunlalk Du Balk MD, 21229
524 548 —	23a. 8	BURIAL VI-16-1981 PARKWOOD CEMETERY OF CREMATORY 23d LOCATION COUNTY STATE PARTIMORE, Md.
DHMH-17 (VRA15 ME (5))	24. FI	ADDRESS SHALL BELAIR REC'D. BY REGISTRAR BY COSTRAL SIGNATURE NOV 1 6 1981



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Pe

retained by the haspital ar attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1.	FOR STATE		DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8	s di	8 9	Us
	REGISTRAR					REG. NO			
	CEASED NAME	FIRST	MIDDLE		AST CO		MONTH	DAY YEAR	2b HOUR
		FRANKLIN	Lee		MOSS	NOVEMBER		1981	12:45
3. SEX		4 RACE		5. DATE (& AGE (IN YEARS LAST BIR	HDAY	MONTHS DAYS	IF UNDER 24 HRS
	NALE	WH	ITE	JU.	LV 23 191		YRS.		
	RTHPLACE (STATE ORFO OUNTRY) A-RYLA-N		FWHAT COUNTRY	7? 8. MARRIE WIDOWE	D KNEVER MARRIED DIVORCED	Baltimore city o	_		M
10 CI	Wison		F HOSPITAL, NURS SUCHFACILITY, GIVESTREI Joseph	ING HOME (ETAPORESS) Hospi	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SALES M	WORKING	UFE) INDUSTRY	F BUSINESS OF
13a. S		NG HOME OR OTHER INSTITUTION 136 COUNTY BALTO.	ON GIVE RESIDENCE BEFORE 13. CITY OR TO PARKY I	WN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS		DING	
	LEVI	MAR	ANDE		GRACE	VICTORIA		PEARK	E
	(AS DECEASED EVER I	N U.S. ARMED FORCES: (IF YES, GIVE WAR OR DATES)	? 166 SOCIAL SEC		17. INFORMANT	ADDRE	SS		
	NO		315-10	79/190	Eileen Am	035 96	13 H	anding	
		I Enter only one couse p AS CAUSED BY: IMMEDIATE CAUSE (o)_	Pheumo	MIG		-		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony,		ORAS A CONSECU	UENCE OF	clar thron	mbosis			
	gove rise to imm cause (a), stating underlying couse	ediote DUETO	OR AS A CONSEO						
NO	PART 2 OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	EMINAL DISEASE OR COND	OITION GI	IVEN IN PART 1 o	
CERTIFICATION	190 DATE OF OPERAT	ION 196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEATH?
₹ .						YES NOLK		ES 🗌	№ □
	OR CONTRIBUTING C		OF INJURY A.M. MONTH [DAY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.M.	19					W 100
l de l	21d INJURY OCCURRI	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE	FARM ETC)	21f. LOCATION STREET	CITY OR TOV	VIN	COUNTY	STATE
`	AT WORK AT WORK	KE .		· · ·	24 8	1 11/1-	_	01	
1.1	22a.1 certify that N (this hospital) attended	the deceased from	101	19 8/	, to ///>		19 3	that X (we) lo
150		d olive on		8/ , or	nd that in Tyx (our) opinio	n deoth occurred on the do	te and ho	ur and from the	couses stated
	276. SIGNATURE	X X X	ly offer deoffi.		DEGREE			22c. DATE :	SIGNED /
	Telu	a Ho	ex 1	us	ATTENDING	MEDICAL STAF		1 11	1818
	22d PHYSICIAN'S NA	ME (TYPE OF PRINT)			PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN L	1	12/2/
	Peter	A HOLF	no		ST Tran	hic Hosa.	BAK	sto Me	/
23a BI	URIAL, CREMATION, R	EMOVAL TOOL DATE		NIAME OF C	EMETERY OR CREMATORY	23d LOCATION	Car		
1	PECIFY)	REMOVAL 23b. DATE	hans.			CITY OR TOWN	d	COUNTY	STATE
24 FII	NERAL DIRECTOR	118	11481	MT. U	EW Cem.		COUL		IVID
		neral Hom	à 7/10°5	Dist 1		ATE REC'D. BY REGISTRAR	NEGIS	IRAR'S SIGNATI	URE
11/0	issaim ru	neral nom	0 1401	DeTa:	TT KONG N	DV 181981 J	Cinci	. Va 9	11.

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OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fi shquld be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filed with with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

r death

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STATE OF MARYLAND

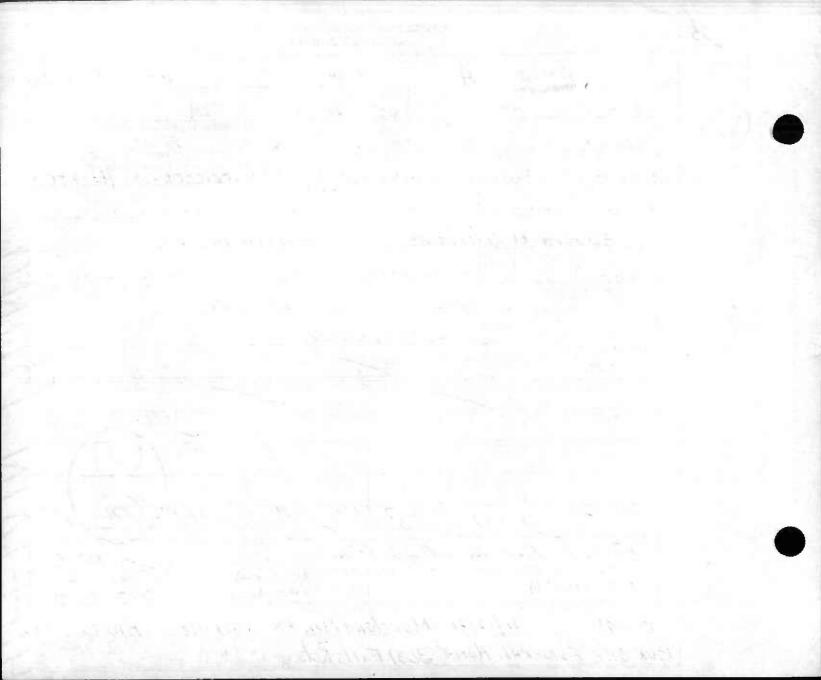
	ECEASED NAME FIRST	A)DOIM	LAST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 25 HOLD
	PE OR PRINT) AMOS	4	MA RII	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
		D H.	111 NEY	11-8-01 10:25
3. SE		HACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR IF UNDER 24 H
	FEMALE	WHITE	05 25 03	YRS.
	SIRTHPLACE (STATE OF FOREIGN 75	CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
	VIRGINIA	USA	WIDOWED DIVORCED	
10 C	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS
10	ANJALLSTOWN /	BALTIMORE COA	. (1 11	(179E OF WORK FORMOST OF WORKING LIFE) INDUSTRY
₩SU	JAL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) 21133	
1	STATE 136. COUNT			
	ATHER'S NAME	TIMORE RANDALIS	15 MOTHER'S MAIDEN	10
	FIRST	DOLE	FIRST_	MIDDLE # _ LAST
17 .	Edward WAS DECEASED EVER IN U.S. ARMI		S EM	MA Maretin
		WAR OR DATES)	DAU	4HIER ADDRESS
	UNK	916-12	-0440 MARY E.M.	OYER - 18 CEDAR HILL RD - 211
	18 CAUSE OF DEATH (Enter only	one cause per line far (a), (b), a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSED IMMEDIATE	1 1111111	IC RENAL F	ALLURE
	4129			
	Conditions, if any, which	DUE TO, OR AS A CONSEOL	JENCE OF FRTENSION	
	gave rise to immediate	(b) / / (f	1-1270 3670	
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOL	JENCE OF	
		(c)		
NO.	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(a
ATION	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TE	280 AUTOPSY? 20b. IF YES, WERE FINDINGS USED
IFICATION				200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CERTIFICATION			H OPERATION WAS PERFORMED	280 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
AL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	19b CONDITION FOR WHICH	H OPERATION WAS PERFORMED 21c HOW INJURY OCC	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED DAY YEAR 19	280 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
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	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that AT This haspital sow the decased alive an above. If Weil (did) (did part)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. 1) attended the deceased from view the body/after death.	DAY YEAR 19 211. LOCATION STREET 19 211. LOCATION STREET 19 210. dnd that in (myrtaur) apinion DEGREE ME ATTENDING	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO COUNTY CITY OR TOWN COUNTY STATE That Wee Is an death accurred an the date and haur and from the causes stated 22c. DATE SIGNED
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MEDICAL	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that AT This haspital sow the decased alive an above. If we) (did) (did port) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE ORP) A K. CHO PROP	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. 1) attended the deceased from view the body/after death.	H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION SIREET 19 21. LOCATION SIREET DEGREE DEGREE ATTENDING PHYSICIAN 22e ADDRESS BATT	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO
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DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital ar attending physician.

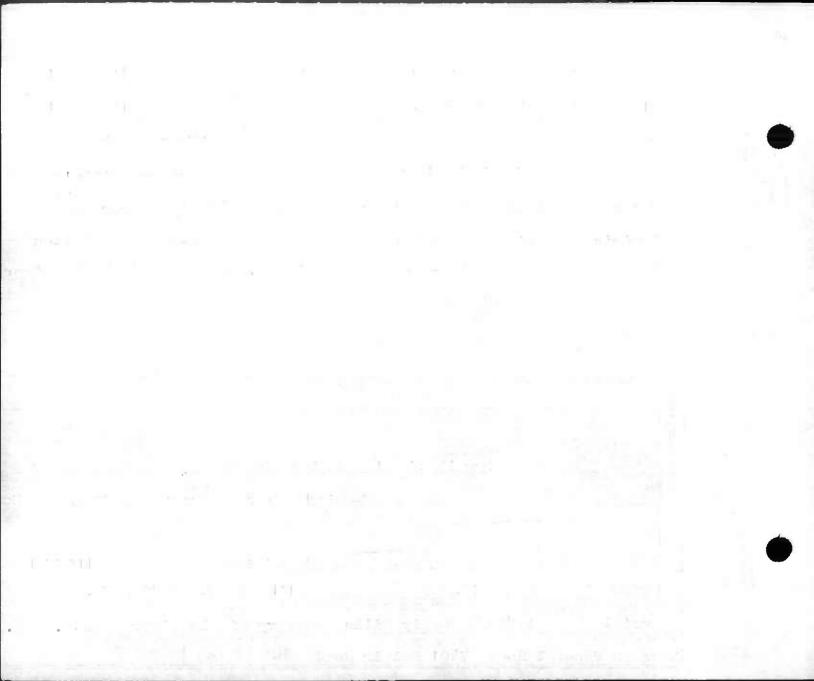
TO HOSPITAL

BP



15M 2/80

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hauwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at ather traumatic event, the medical

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 8

REGISTRAN				REG. N	10.		
1. DECEASED NAME FIRST PAI		ard APPEL.	Sr.	Novembe	MONTH DA	981	^{2b.} HOUR 10:25 A
3. SEX Male	4. RACE White	5. DA	TE OF BIRTH	6. AGE (IN YEARS LAST BE	RTHOAY)	IF UNDER I YEAR	M IF UNDER 24 HRS HOURS MIN.
Bartimore, Md.	USA	WIDO		Baltimo	OR COUNTY O		MD.
Rossville 21237	Frankl	in Sq. Hospit	AE OR OTHER INSTITUTION	12g USUAL OCCUPAT Truck Driv		12b. KIND O INDUSTRY Const	F BUSINESS OR ruction
	Itimore	GIVE RESIDENCE BEFORE ADMISSING MICHAEL REPORTS IN COMPANY OF TOWN	YES THE CITY LIMITS?	13° SUREEL ADDRESS 1827 Wils	on Poi	nt Rd.	21220
Edward Appe		LAST	15. MOTHER'S MAIDEN NA			LAST	
160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	217 05 3480		ppel, Wife	Sar Sar	me	
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OI	R AS A CONSEQUENCE OF	BUT NOT RELATED TO THE TERA		DITION GIVER	N IN PART 1(o	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK	21b. TIME O HOUR A.I P.I 21e. PLACE C (AT HOME, STR	FINJURY M. MONTH DAY YEA M. TO OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21c HOW INJURY OCCUR AR 9 211 LOCATION STREET	CITY, OR TO	IN CERTIFYN YES RY IN ITEM 18. PAR'	COUNTY	GS USED OF DEATH? NO STATE
22a. I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no THE SIGNATUR 22d. PHYSICIAN'S NAME (TYPE o Golfredo S	t) view the body		ober 29 19 81 ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 120 9000 Frank 1	EDICAL STAF	ote and hour a	22c. PATE	
23a. BURIAS CREMATION, REMOVAL	23 11/7/2	81 23 Holly	F CEMETERY OR CREMATORY Hill Memorial	Gardens E	Baltimo	county Co.	Md

Home PA 1407 Old Eastern Ave. NOV

250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Eruzdzinski

BP.

etained by the haspital or attending physician.

A21 A1 A1 A1 A1 as wills "IT" sending on lesythat this tell Construction The fate of the day of the state business and the second of the second

certificate has been signed by the ottending physicion and completely filled in the uriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be file

the buriol-transit permit. Then please remove cond Mental Hygiene prior ta burial, crematian,

marked ar Hem 18 shaws any

IMPORTANT: If Hem 21 is

injury, ar other troumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

REGISTRAR			CEKITI	ICATE OF DEATH	REG. N	10		
1. DECEASED NAME F	IRS†	MIDDLE		LAST	26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	LLIAM	S.	AQU:	TNO	November	26	1981	
3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
Male	Whit	e .	May	17, 1917	64	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OI	WHAT COUNTRY?	8 AA A DD (E	D NEVER MARRIED	9 BALTIMORE CITY		YOFDEATH	
Puerto Rico	U.S	.A.	WIDOWE		Baltimor	e Cou	ntu.	MD
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
Dundalk	7907	Trappe Rd			Crane Ope		IFE) INDUSTRY	
JUSUAL RESIDENCE (IF NURSING)	HOME OR OTHER INSTITUTION	13c. CITY OR TOWN		113d. INSIDE CITY LIMITS?				
100	Baltimore	Dundalk	4	YES NO X	13e STREET ADDRESS 7907 Trap	ne Rd		
14. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ΛE			
Juan	_	quino		Maru	MIDDLE		LAS	T
160 WAS DECEASED EVER IN U	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS		
Yes, no ok unknown) (III	WW II	075-07-88	37	Gladys DiTul	10 8709 S	tephai	nie Rd.	
18 CAUSE OF DEATH IE	nter only one couse pe	r line for (a), (b), and						MATE INTERVAL DNSET AND DEATH
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	Possible		Myscardial	Infar	ction		
4100	DUE TO. C	OR AS A CONSEQUEN	NCE OF					
Conditions, if ony, wh	ich (b)			mucletate	plans	DJ	t des	
	the DUE TO. C	R AS A CONSEQUEN	NCE OF					
	ost.							
PART 2 OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIV	VEN IN PART 140	1
O CHAMONIC	Lung	17:25/5	-					
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196 COND	ITION FOR WHICH C	OPERATION .	WAS PERFORMED	20g AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED
T L					YES NO	YE	S 🗌	NO [
		OF INJURY .M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18. I	PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICALE)		.м.	19					
(IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC 1	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
WHILE NOT WHILE AT WORK				~ ~				
220 I certify that (I) (this		ne deceased from		19.16	_, to	- /4		hat (I) (we) last
sow the deceased of obove, (1) (we) (did) (ive on did not) view the body	ofter death.	, on	d that in (my) (our) opinion de	eath accurred on the do	ate and hou	ir and from the c	ouses stated
22b. SIGNATURE	7 -			DEGREE			22c. DATE S	IGNED
fin	at 150	ing oh		MD ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗌		
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	7		22e ADDRESS			WIND I	
Donato Va	rgas,Jr.,	M.D.		6600 Bel 1	Air Rd.			
23a. BURIAL, CREMATION, REM	OVAL 236. DATE	23c NA	AME OF CE	METERY OR CREMATORY	23d. LOCATION			
Burial.	News 3	0, 1981 M	forela	and	Baltim	ore	Maria 7 am	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and

etained by the haspital or

BP.

24 FUNERAL DIRECTOR

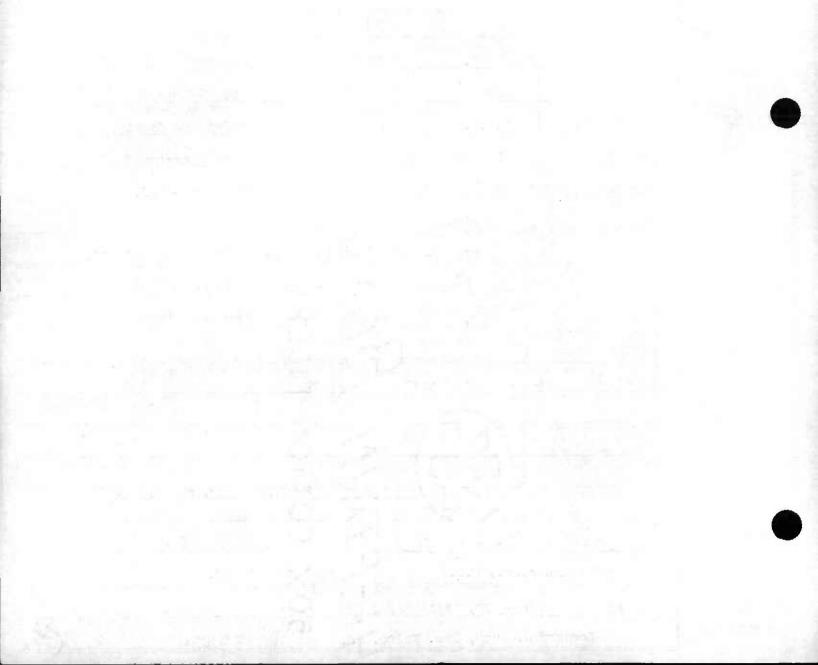
NAME

FOR

- STATE

Leonard J. Ruck, Inc. Balto., Md.

Baltimore Maryland
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE.



	1.	FOR • STATE REGISTRAR	DEPAI	RTMENT OF HEALT	MARYLAND H AND MENTAL HYGI TE OF DEATH	IENE 8 I	2	8 0	10
		CEASED NAME FIRST HOWA	Rd M.	Ash Le	/	20. DATE OF DEATH	MONTH DAY	81	2b. HOUR
)	3. SE	MALE	White	S. DATE OF BIR	TH JAY 1908	6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	a C	€ DEATH	MD.
100 100		BALIO	111/2 0	Despadores HA	Rtond Rd	14 ///	ON OF WORKING LIFE)	126. KIND OF INDUSTRY	March
d St	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE	OTHERINSTITUTION GIVE RESIDENCE BEI	VILLE YES		13e STREET APPRESS	old Hi	ge tong	1 Rd
32		JOSEPH H	WARD ASLIST	e,	MARGARE	AMAN A		chot	IZ
event, the medical		NAS DECEASED EVER IN U.S. AR YES, NO OFUNKNOWN) (IF YES, GIV	E WAR OR DATES)	06/0	VFORMANT Am	ADDRE	Recor	ed,	ATE INTERVAL
injury, ar ather traumatic ever	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF	RELATED TO THE TERMI	SA PARAMENTAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
shaws any inju	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WA	S PERFORMED	200. AUTOPSY?		VERE FINDING	
or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	HOW INJURY OCCURR				
is marked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		LOCATION STREET	CITY OR TO	WΝ	COUNTY	STATE
If Item 21		saw the deceased alive an	tal) attended the deceased from	6		eath occurred an the do	ote and hour or		IGNED
IMPORTANT	220 5	A. H. Ghila	di, M.D.	7	ADDRESS 600 Osler ERY, OR CREMATORY		Towson	, MD	21204
51		(SPECEDURIAL	11/12/81	MORELAN	Memorial	CITY OR JOWN	16 8	ONTY	MIL

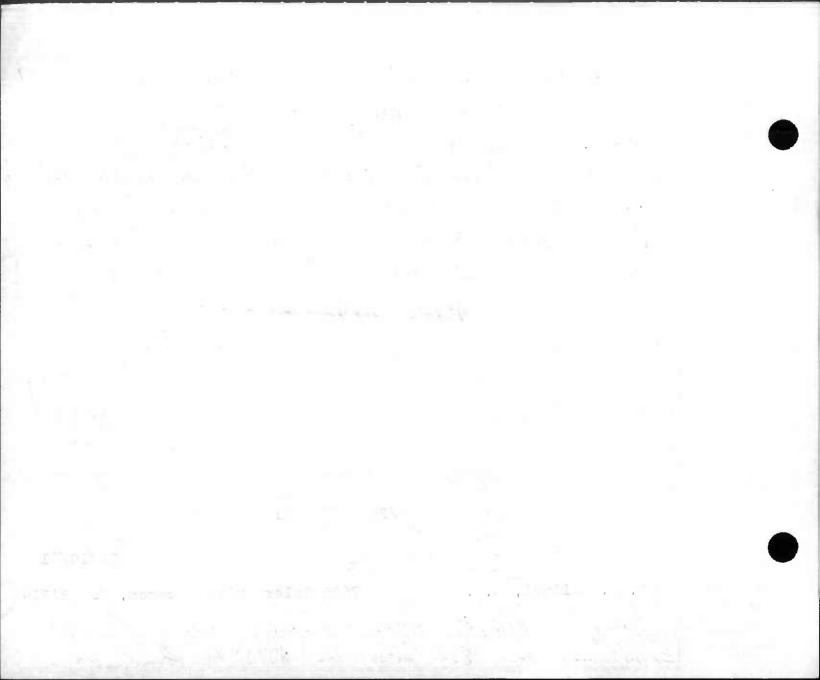
NOV 1

1981 2

BY REGISTRAR 255 REGISTRAR'S SIGNATURE

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



injury, ar other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

8

2	8	0		

1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE B REG. NO.	2 8 0 1 1
	EASED NAME FIRST OR PRINT) Margar	et W. Aumille	r LAST	November 6	19818:15 A
3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Female	Caucasian	Aug. 2 1893	88 yrs.	MONTHS DAYS HOURS MIN.
	OUNTRY) Md •	U.S.A.	* MARRIED NEVER MARRIED WIDOWED DIVORCED	70 7	
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	altimore	Good Shepher	rd Nursing Home	Homemaker	FE) INDUSTRY
13a_ST	Md.	or other institution give residence before JNTY 136. CITY OR TOV Balto	YES NO NO	13e. STREET ADDRESS 2858 Kenti	ucky Avenue
14 FAI	THER'S NAME FIRST	MIDOLE LAST	15 MOTHER'S MAIDEN N	WIOOFE	LAST
	Frederick	Schwart	zhaupt Cath	nerine	Bohager
	AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES. G NO	RMED FORCES? 166 SOCIAL SECULOR WAR OR OATES) 212-14-		Aumiller (son	
TION			Inal Arteris p JENCE OF DEATH BUT NOT RELATED TO THE TERM		
TIFICA	90 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\begin{array}{cccccccccccccccccccccccccccccccccccc
0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CALL	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	
	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive o above, (1) (we) (did) (did n	outal) attended the deceased from 19 to 19		ta New, 5	that (I) (Just) last or and from the causes stated
2	226. SIGNATURE	. Krejci	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	11-6-61
2	224 DIVISICIANIS NIAMA	OR MINIT	111- ADDRESS		
2	22d PHYSICIAN'S NAME (TYPE		22e ADDRESS	osenh Hosnital	
230 PII	Dr. John	J. Krejci		oseph Hospital	
23a BU (SP	Dr. John URIAL, CREMATION, REMOVA PECIEVI Burial	J. Krejci	St. Jo	Dseph Hospital 23d LOCATION CITY OR TOWN Balto VEREC'D. BY REGISTRAR 235 A SGIST	county state

DHMH - 16 50M 1/B1 (VRA 15, 4)

by the funeral director, page 3 stiled within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 retained by the hospital ar attending physician.

haurs after death. Page 4 may be

		STATE OF MARYLA	ND
FOR	DEP	ARTMENT OF HEALTH AND A	MENTAL HYGIENE
- STATE REGISTRAR		CERTIFICATE OF D	EATH
ECEACED NIAME	 MIDDLE	1241	2- 0

8		2	8	0	2
	REG. NO.				

	1 -	STATE REGISTRAR				CER	TIFIC	ATE OF DE	ATH	ILINE O	REG. NO.		18.
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST			20. DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
	(.,,,	Sall	lie	F	'owler		Ba	ldwin		Novem	ber 4,	1981	6:30 Ma.
	3. SE	X		RACE			TE OF		WF + B	6 AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Fe	emale		White		1 7	1	- 15 -	-1890	90	YRS		HOURS MIN.
ë /		IRTHPLACE (STATE OR FOR	REIGN	b. CITIZEN OF	WHAT COUN	TRY? 8	DDIED] NEVER MA	DDIED [9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
8)4:		rth Caroli	na	U.S	.A.		DWED		RCED [Balti	more Co	ounty	MD.
ed	10. C	ITY OR TOWN OF DEATH	1	1. NAME OF	HOSPITAL, NU	IRSING HO	ME OR	OTHER INSTITU	UTION	12a USUAL OC	CUPATION OR MOST OF WORKING	12b. KIND (OF BUSINESS OR
10C	Ba	altimore		5828	Coms	tock	Av	enue		House	wife		maker
Sent pe	13a. S Ma	aryland I	B COUN	TY	GIVE RESIDENCE (13c. CITY OR Balti	TOWN	[13	d. Inside city	LIMITS?	13e. STREET AD 5828		ock Ave	nue
all the	14. FA	ATHER'S NAME		NDDLE	LAST		15	. MOTHER'S M			MIDDLE	145	
250	He	ezikiah			wler			Jan			MIDDEL	Farrin	gton
02		VAS DECEASED EVER IN		MED FORCES?	166. SOCIAL	SECURITY N	0. 1	. INFORMANT	Ī		ADDRESS	21206	
medico	l '	NO	(IF 1E3, ONE	WAR OR DATES!	244-6	0-55	10	Opal C	Ta:	ras 58	28 Coms	stock A	ve.
the ,		18. CAUSE OF DEATH	Enter only	y ane cause per	liperfar (a), (b), ong (c).)	,	01		1			MATE INTERVAL
event, the		PART I. DEATH WAS	CAUSED	BY: CAUSE (a)	She	-la	1	lhe	osel	Leven	١	Seven	1 Tem.
		4419	WILDIAI		R AS A CONS	FOLIENIA	E						1
own own		Conditions, if any, v	vhich	(b)	K AS A CONS	EGUENGE	/1						
2		gove rise to imme-	diate	te									
au de		cause (a), stating underlying couse	last.	DUE TO, O	R AS A CONS	EQUENCE C) F						
0		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
ron l	Z	SALES OF COMMISSION OF THE PROPERTY OF THE PERMITTER DISEASE ON COMMISSION OF THE PART 1107								0,			
	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FO			ITION FOR WI	HICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDIN				NGS USED			
3	FI				The condition of the condition was ten owner					IN CERTIFYING CAUSES OF DEATH?			
S S	ER	21a. ACCIDENT WAS UNDER	LYING	21b. TIME C			12	lc. HOW INJU	RY OCCURR		RE OF INJURY IN ITEM I		
E		OR CONTRIBUTING CAL		7	M. MONTH		AR						
= /	MEDICAL	(IF EITHER NOTIFY MEDICAL		P. 21e. PLACE			19	II LOCATION		_			
0	W.	WHILE IN NOT WHILE			REET, FACTORY, OF	FICE, FARM ETC		STREET			CITY OR TOWN	COUNTY	STATE
nork			_	15 16 1 16 11	1 11	N In	-^		80		1. 1	1.01	
2.2		220.1 certify that (I) (the saw the deceased		11/3/2	e deceosed fr	om	and		19 Opinion d	eath accurred a	on the date and h	our and from the	that (1) (we) last
Z = 5		above, (I) (we) (did	(did not	view the body	after death.					rediii decorred e	on the dote ond t		
IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumotic		226 SIGNATURE	La	le n	1 7		DE		ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	IN 4	SIGNED
Z		22d. PHYSICIAN'S NAM	E (TYPE OR	PPINT)			2	2e. ADDRESS				0/1	
A Pok		KUBER	513	1. 7	DEN	mi) (1402	GUL	OKY N	IVER	d Dull	md 2/237
_	23a. E	BURIAL, CREMATION, RE	MOVAL	23b. DATE				ETERY OR CRE		23d. LOCATI	TOWN	COUNTY	STATE
- 3		urial		11-7-	-81			Hill C		Jeff	erson,		Carolina
	24. FI	UNERAL DIRECTOR			ADDR			, Md.		1 -		ISTRAR'S SIGNAT	URE
	L	ASSAHN FUN	VERA	L HOME	7401	Bela	air	Rd.	NOV	6 19	31 Far.	0	n.
									14.4		JASMA S. T.	1)	Killer

DHMH-16 30M 2/80 (VRA 15, 4)

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A Company of the comp the first transfer of the first For many the first the first that the first the second to

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by this should be detached for use as the bural-transit permit. Then please remove corbon popers. Pages 1 and 2 mould be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 21 is marked or Item 18 shaws ony injury, or other traumatic event, the medical

FOR STATE

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STATE OF MARYLAND	0	Ê	0	0	1
EPARTMENT OF HEALTH AND MENTAL HYGIENE	0	i	Ein	O	1
CERTIFICATE OF DEATH		REG. NO.			

REGISTRAR				~~~~	ICAIL OI	VENTIL	REG	NO.				
DECEASED NAME	FIRST	A	MIOOLE	L	AST		20. DATE OF DEATH	MONTH	OAY	YEAR	2b. HOU	R
THE OWNERS	John	I	₹.	Ва	rney		November	c 1, :	1981		10.00	
SEX		4 RACE		5 DATE O			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ER I YEAR	IF UN OER	a - Triffic
Male		White			ember	8, Î898	83	YR		DAYS	HOURS	MiN
BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER	MARRIED -	9 BALTIMORE CITY	OR COU	NTY OF D	EATH		
Maryland			5.A.	WIDOWE	D D	NORCED		imore		-		
Baltimore		Greate:	HOSPITAL, NURSIN HFACILITY, GIVE STREET A Baltimo	re Me	dical	Center	120 USUAL OCCUP. (TYPE OF WORK FOR MO: Pipefitte	ATION Stofworking =]	Balto	DUSTRY Ga	S &	ss o
SUAL RESIDENCE (# Bastate Maryland	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI		YES 🗌	NO 💢	13e STREET ADDRES 1034 Cov	s vpens	Ave.	21	204	
John	Edw	ard	Barney			'S MAIDEN NAM FIRST MA	MIDDLE		Arno	ld LAST		
	S DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS											
(YES, NO OR UNKNOW!	N) JIF TES, GIVE	WAR OR OATES	216-01-0	596D	Mr. E	dward K.	Barney	,	same	as	#13	9
Conditions, if gave rise to cause (0),	immediate stating the	(b)	R AS A CONSEQUE		ASCV	D						
gave rise to cause (o), underlying o	any, which immediate stating the ause last.	DUE TO, OR (c) ONDITIONS CO	R AS A CONSEQUE	DEATH BUT I	NOT RELATE	D TO THE TERMIN	NAL DISEASE OR CO	20b. IF	YES, WER	E FINDIN	GS USED	
gave rise to cause (o), underlying o	any, which immediate stating the ause last. SIGNIFICANT C	DUE TO, OR (c) ONDITIONS CO Kentre 196. CONDIT	R AS A CONSEQUE	DEATH BUT I	NOT RELATE	D TO THE TERMIN	206 AUTOPSY?	28b. IF IN CEI	YES, WER RTIFYING YES []	E FINDIN CAUSES	GS USED	H?
gave rise to cause (0), underlying c PART 2 OTHER 19a. DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 21d. MY JURY OC WHILE NOTIFY WHILE WHILE NOTIFY WHILE WHI	any, which immediate stating the ause last. SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA' MEDICAL EXAMINER!	ONDITIONS CO	PAS A CONSEQUE ONTRIBUTING TO D THOMPSON TO THE T	DEATH BUT I	NOT RELATE	D TO THE TERMIN DRMED NJURY OCCURRE	280 AUTOPSY?	20b. IF IN CEI	YES, WER RTIFYING YES	E FINDIN CAUSES	GS USED OF DEATI	H?
gave rise to cause (0), underlying compared to the property of	any, which immediate stating the ause last. SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA: MEDICAL EXAMINER; CURRED DI WHILE LI WORK	DUE TO, OR (c) ONDITIONS CO KULLE 19b. CONDIT 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRE	TION FOR WHICH OAM	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATE N WAS PERFO	D TO THE TERMIN DRMED NJURY OCCURRE ON T	286 AUTOPSY? YES NO	20b. IF IN CEI	YES, WER RTIFYING YES	E FIND IN C AUSES (2 PART 2)	GS USED OF DEATI NO	ATE
gave rise to cause (0), underlying c PART 2 OTHER 19a. DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OC WHILE NOTIFY 1220.1 certify the saw the de	Any, which immediate stating the ause last. SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA! MEDICAL EXAMINER! CURRED OT WHILE IT WOOK It (I) (this haspit cee) (did) (did not not state to the control of the c	DUE TO, OR (c) ONDITIONS CO KULLE 19b. CONDIT 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRE	TION FOR WHICH OAM	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATE N WAS PERFO 21c. HOW II 21l. LOCAT STREE MA d that in (my) DEGREE	D TO THE TERMIN DRMED NJURY OCCURRE ON T 19 TF (our) opinian de	280 AUTOPSY? YES NO CITY OF IN CITY OF IT to Late the account of the country of	20b. IF IN CEI	YES, WER RTIFYING YES 1B PART I OF	E FIND IN C AUSES (2 PART 2)	GS USED OF DEATH NO	ATE
gave rise to cause (0), underlying c PART 2 OTHER 19a. DATE OF OF 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OC. WHILE IN WHILE IN Saw the de obove, (1) (4) 22b. SIGNATURE	Any, which immediate stating the ause last. SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA! MEDICAL EXAMINER! CURRED OT WHILE IT WOOK It (I) (this haspit cee) (did) (did not not state to the control of the c	DUE TO, OR (c) ONDITIONS CO NOTIONS 19b. CONDIT 21b. TIME OF HOUR A.A P.A 21e. PLACE C [AT HOME, STRE) view the body of	TION FOR WHICH OAM	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATE N WAS PERFO 21c. HOW II 21l. LOCAT STREE MA d that in (my) DEGREE	D TO THE TERMIN DRMED NJURY OCCURRE ON T 19 TH (our) opinian de ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR CITY OR cath occurred on the	20b. IF IN CEI	YES, WER RTIFYING YES 1B PART I OF	E FIND IN CAUSES (R PART 2) DUNITY Trom the c	GS USED OF DEATH NO	ATE
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DHMH - 16 50M 1/81 (VRA 15, 4)

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2	8	2)	/	

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			D			H AND MENTAL HY	YGIEN	REG. N	0.	8)	4
	CEASED NAME	FIRST	,	MIDDLE		LAST		2 a		MONTH	DAY YEAR	26. HOU	IR
(179)	OR PRINT)	JOHN		C .	BART	ENFEL	TER			11-9-8	31	10:	30am
3 SE	X		4 RACE		5. D	ATE OF BIR	TH DAY YEAR	6. 4	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAY		24 HRS
M	ale		Whi	te			19 1916		65	YRS	MOITING DAT	3 HOURS	lu/li/
	RTHPLACE (STATE C	R FOREIGN	76 CITIZEN OF	WHAT CO	UNTRY? 8	ARRIED IX	NEVER MARRIED	9 E	BALTIMORE CITY O	R COUNT	Y OF DEATH		
	aryland		USA			DOWED	DIVORCED [BALTIMORE	COUN	ITY		MD.
10. CITY OR TOWN OF DEATH			(IF NOT IN SUC	H FACILITY, G	GIVE STREET ADDRES	55)	HER INSTITUTION	(T)	USUAL OCCUPAT YPE OF WORK FOR MOST OF Chauffeu	F WORKING L	IFE) INDUSTR		
	OWSON AL RESIDENCE (IF NO	IRSING HOME O			H HOSPI			10	maurreu	r - I C	интеге	011 5	uppı
13a. 3	aryland	13b. COU		13c. CITY	rlea	13d. YE:	INSIDE CITY LIMITS?	1	7 East I	<u>C1</u> m A	venue	21	206
14. F/	John		MIDDLE	Bar	tenfe.		NOTHER'S MAIDEN N		MIDDLE			secke	r
	VAS DECEASED EVE			16b. SOC	IAL SECURITY	NO. 17.1	NFORMANT		ADDR	ESS			
(YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	215	-07-30	075 N	Marie C.	Ba	rtenfel:	ter 1	7 E.	E1m	Aver
TION	CEREBRO	mmediate ting the se lost. GNIFICANT	DUE TO, OI (c) CONDITIONS CO AR ACCI	R AS A CO	RIGHT	OF H BUT NOT HEMI			1112	3.7	A STORY		
IFICA	190 DATE OF OPER	ATION	196. COND	ITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSI ES		H?	
MEDICAL CERTIFICATION	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DE	nin.	M. MON	NTH DAY	YEAR 19	HOW INJURY OCCU	_	-43				
MEDI	WHILE NOT AT WORK	WHILE		PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.)			LOCATION		CITY OR TOWN COUNT			S	TATE
	22a. I certify that sow the dece above, X (we) 22b. SIGNATURE	sed olive or			19 81	11 7 , ond the	, 19 <mark>81</mark> of in (n¾ (our) opinio EE ATTENDING PHYSICIAN	on deat	th occurred on the display	ote ond ho	22¢. DA1		
	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e	ADDRESS	200				-3-0T	
	В.	DEL C	CARMEN,	M.D					DAD TOWSON	MD 2	1204		
	BURIAL, CREMATION	N, REMOVAL	23b. DATE 11/1	2/81			ery or crematory Cometes		Parkvil	Le I	Baltim	ore	Md.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the medical

IMPORTANT: If Hem 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR
Lassahn F 740 Belair Road Funeral Home

250 DATE RECD. BY REGISTRAR 156. REGISTRAR'S SIGNATURE

The San Market Mark Committee of the Com

M			FOR			ST/ DEPARTMENT OF		ARYLAND	HYGIENS	2 8	0 1	5
1		1-	STATE REGISTRAR		ME	DICAL EXAMI	NER'S	ERTIFICATE	OF DEATH REC	6. NO.		
			CEASED NAME	FIRST		WIDDLE	2a. DATE KNOWI		DAY YEAR	26. HOUR		
38 a o 28 t -				onal	d H	oward	Bau	blitz	OF ESTI- DEATH MATED	Alow	124,981	97
1	RECTOR. R FILES. HOURS STREET,	3. SEX			5 DATE OF BIRTH		EARS IF UN	DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
2	2888	Ma	ile Ca	u.	8/21/1	040 70	YRS.	15 DATS HOURS	DEAD	oken	Je 61 18/	92
	指題		IRTHPLACE (STATE OR DREIGN COUNTRY)					ED NEVER MARE			TY OF DEATH	
	3550		Maryland			.A.	WIDOW			imore	County	
	O SERVEDO		ITY OR TOWN OF DEA	TΗ	II. NAME OF HOS	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS Hess Road	AE, OR OTH	ER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE)		12b. KIND OF BU OR INDUSTR	ISINESS RY
3			Ionkton						Caretak	er	Farmin	g
21201	SHOULD BE SHOULD	13a. S	TATE	13b. COUNT	Υ	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	-		
. 3	C.C.R.S.R.S.R.S.			Balt:	imore	Monkton	1	YES NO X		s Roa	<u>d</u>	
9	- CH 5 00	14. F7	ATHER'S NAME	7.7	WIDDLE	LAST	la se s	15. MOTHER'S MAID		**	LAST	
S S	SACES TO SECOND	160 \	Lawrence		arren	Baubli 1		Ruth	Pauline		opkins	363
BALTIMORE	三世 二 漢 三		ES, NO, OR UNKNOWN)	(IF YES, GIVE W		220-50-]		~	. Baublitz		isterst	Md.
¥ ;	WITH R WITH R T. PAGE DIVISIO		NO 18 CAUSE OF DEATH	H /Enter only	One cours out on		1014	Danura 1	J. Daubiltez	ne.		
5	VOUD BE EXCUTED WITHIN Z HERD COULD BE EXCUTED WITHIN Z HERD CALL EXAMINER ALONG VIDED AS A BURIAL TRANSIT PERMITOR HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL.		PART I DEATH W	AS CAUSED	BY:	(0), (0), (did (y.)	11/	Dime	10 /10 5	1	APPROXIMATE ET VEEN ONSET	CM
NO S	NG REPORT		9551	IMMEDIATE		AS A CONSEQUENCE	OF	07.4	, , , , ,		000	(2-7)
RES	ER AL		Conditions, if a		(b)							
Χ.	OR TRAIN		gave rise to cause (a) stating		<	AS A CONSEQUENCE	OF					
201	S A A A		lying cause last.		(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	A A B B B B B B B B B B B B B B B B B B		PART 2 OTNER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASI	OR CONDITION GIVEN IN P	ART 1 a.			
00	PENDING MEDICA MEDICA MEDICA MEDICA MEDICA MEDICA MEDICA CREMA	CERTIFICATION										
AL RI	SHOULD ORD "PE CHIEF A FUSED A TOF HE	CAT	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY?	
ZIV S	X S E E E E E E	RTE	AL EVIENNAL CAU	THE C	AN THE 61		100				YES 🗆	NO.
OF	AND THE STANS		21a EXTERNAL CAUS		216. TIME OF	TINJURY N. MONTH DAY YEA	AR ZIC HO	W INJURY OCCURRI	ED LENTER NATURE OF MUNICIPALITY IN ITE	A 18 PART I OR P	ART 2)	
NOI	ARION SION	MEDICAL	CONTRIBUTING C		ZIe PLACE	OF INJURY (ATHOME.	216 10	ATION	Sho19	IN H	90/115/	not might
N N	E SE	MEC	WHILE NOT NAT WORK	WHILE 133		FORY FARM, ETC.)		TREET	CITY OR TOWN	55	DUNTY	STATE
	MARE, INICAE MINICALE SHOULD THE WRITING THE WORD "PRE E FORWARDED TO THE CHIEF M TOR: PACE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA JAND, 21201 PRIOR TO BURIAL, O		AT WORK AT W	ORK	7	Jome	_			//		
9	E S S S S S S S S S S S S S S S S S S S		220. I certify that I	taok charge	af the remains des	cribed above, held an	Autop	inspection	on . Inquiry .	and in my a	pinion	
	E E E E E E E E E E E E E E E E E E E		death resulted from:	> 7 Natura	al causes	Accident S	ujereti 🗗	lomicide	Undetermined manner	_],		
	A SECRE		ACTUAL	1/21	P-A	Dr tru	NH	THE PROPERTY	ula	DATE	11-30-	21
	SESE SE		SIGNATURE A	cvi	40/	9-101-1	CELEGA	- 17	MEDICAL EXAMINER	SIGN	ED	O I
	A TENTE	-	EXAMINER'S NAME (TYPE OR PRINT)	Char	rles F.	O'Donnel	7	ADDOCCO				
	TO MEDICAL EXAMINES: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a. B	URIAL, CREMATION, RE			23c. NAME OF CE		ADDRESSR CREMATORY	23d. LOCATION CITY OF TOWN			
	BP	(3	Buria		11/27/8				Jarrettsvi		Harford	Md.
		24. F	UNERAL DIRECTOR	-			A O O A T	25a. 23 E		EGISTRA 2'S	HONATURE CO-	9.1910
(DHMH - 17 VR A15 ME (5))	Ве	njamin W	. Kui	rtz J	arrettsvi	lle.	Md.	1301 1			-

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		FOR		DEPARTA		OF MARYLAND EALTH AND MENTAL HY	CIENT 8-1	2	3 0	10			
	1	STATE REGISTRAR		DEI ARTI		CATE OF DEATH	REG. 1	40.					
		CEASED NAME FIRST	۸	AIDDLE	LA	ST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR			
		MA	RY	S.	BAL	JER	November	r 14.	1981	10:00			
1	3. SE	X	4. RACE	72	5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS			
1		Female	Whi		111011111	20, 1900	81	YRS	DAY'S	HOURS MIN			
11/	Ia. B	IRTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY						
35		Maryland		SA	WIDOWE	DIVORCED [Baltimo		ounty	M			
200		alto. # 21239	CIENOT IN SUCE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1414 Regester Avenue			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homema	OF WORKING LI	FE) INDUSTRY	F BUSINESS OF			
Stee	JUSU 13a	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS						
50		Maryland Ba	ltimore	21239		YES NO	1414 Re	gester	Avenu	ie .			
	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME MIDDLE		LAST				
30		William		Sullens		Mary			Collins				
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS					
1		No		213 10	3662	Mr. Rober	t A. Baue	r	Sam				
		18 CAUSE OF DEATH (Enter	only ane cause per			1 4			APPROXI/ BETWEEN C	MATE INTERVAL			
			ATE CAUSE (a)	Caral	ec 6	west							
		Conditions, if any, which by Long Standing. Cong Heart Failure											
		Conditions, if any, which	((b)	Long	youn	ang. Long	year to	run	4				
2		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A COASEQUE	NCE OF	1							
		underlying couse last	10	Manual Manager									
ارانار	N C	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART TO				
	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				20b JF YES	S, WERE FINDIN	GS USED			
N	ĬĔ						YES NOT	FYING CAUSES	NG CAUSES OF DEATH?				
	E E	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR							
7		OR CONTRIBUTING CAUSE OF D	AID	A. MONTH DA	Y YEAR								
- 4	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	F INJURY		211 LOCATION							
	ž	WHILE NOT WHILE AT WORK	(AT HOME STRE	ET, FACTORY, OFFICE F	ARM ETC }	STREET	CITY OR TO	IWN	COUNTY	STATE			
		220.1 certify that (I) (this has	ortal) attended the	decemed from	BC.	t. 10/20	10 10	5V.14	10 87	hat (I) (we) la			
		saw the deceased alive of	1 6/0	10 5	, and	that in (my) aur) apinion	death accurred on the d	ate and hav					
		above, (1) (we) (did) (did r 22b SIGNATURE	at viewellie Vady o	after death		EGREE			224. DATE				
		C	410,1	200	1	A ATTENDING	MEDICAL STA	FF _	11/1	6/01			
	1	22d, PHYSICIAN'S NAME	MINT			PHYSICIAN [DIRECTOR PHYSIC	:IAN []	1//	101			
1		Dr. Stephen	Laikan	MD			Dood Do	14-	A 4-1				
1	22- 1				A 145 OF 05		Road, Ba	ito.,	Ma.				
	230	BURIAL, CREMATION, REMOVA SPECIFY) Burial				METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	Md.			
			11/18			ey Valley		Co.					
1			ry W. J				NOV 1 6 198	ZSB. RECO	RAR'S SIGNATU	11.70			
	4	4905 York Ro	au Balt	o., Md.	212	12	10 4 T 0 100		0	and the			

e it and the first term with a second of the contract of the c Mars no Eltison 1111 Statement - August i. = __ The state of the s Dr. Etaphan Laban, N.C. 6605 York Ross, Bitta., N. Eucial 11 13 81 Dulaney Valley sales. Co.,

15		FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8
	23	1. DECEASED NAME FIRST	WIDDLE	LAST	2g. DATE OF DEATH
pe ,	deoth th	Dr. Euge	ne Charles	Baumann	
may	P	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST
- D	to s	Male	White	08 05 1903	78
Po Po		76. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY
de oth.	in 72 transfer of one	Hungray	USA	WIDOWED DIVORCED	Baltimo
e fun withir		10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12g. USUAL OCCUP
o s offer	by the fulled with	Overlea	5213 Trumps	Mill Road 21206	Medical
ND 212	must be	USUAL RESIDENCE (18 NURSING HOME O 136, STATE 136, COU Maryland Bal		VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRES
BALTIMORE, MARYLAND 2120 one be executed within 24 haurs	completely filled in by the funeral I and 2 shall be filed within 72 or one of symmetry to be perfired at one of symmetry the perfired at one of the symmetry of symmetry that the symmetry of	14 FATHER'S NAME FIRST Hugo	MIDDLE Bauman	15. MOTHER'S MAIDEN NA	77 =-
KE,	e e e	16a WAS DECEASED EVER IN U.S. AI		URITY NO. 17 INFORMANT	ĀDĪ
e ex	Poges 1	(yes, no or unknown) (if yes, gi	ve war or dates) 220-32	-1240 Maria I.	Baumann
w. PKESION SI., not the death certific by the attending ph ase remove carbanp I, cremation, or rema	the attending premove carbant emotion, or rem er traumotic eve	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSTOU (b) DUE TO, OR AS A CONSEOU (c)	IENCE OF	archin

OR COUNTY OF DEATH ore County ATION 126. KIND OF BUSINESS OR ST OF WORKING LIFE) INDUSTRY Doctor self-employe rumps Mill Road Nage1 DRESS Trumps Mil APPROXIMATE INTERVAL ONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 196. DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE WHILE 22a. I certify that (1) this hospital) attended the deceased from that (I) (we) lost saw the deceased olive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body ofter death. DEGREE **IGNATURE** 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT) Jose Morelos, M. D. 23c. NAME OF CEMETERY OR CREMATORY 236. DATE 23d. LOCATION CITY OR TOWN (SPECIFY) Baltimore Md.

26 HOUR

IF UNDER 24 HRS

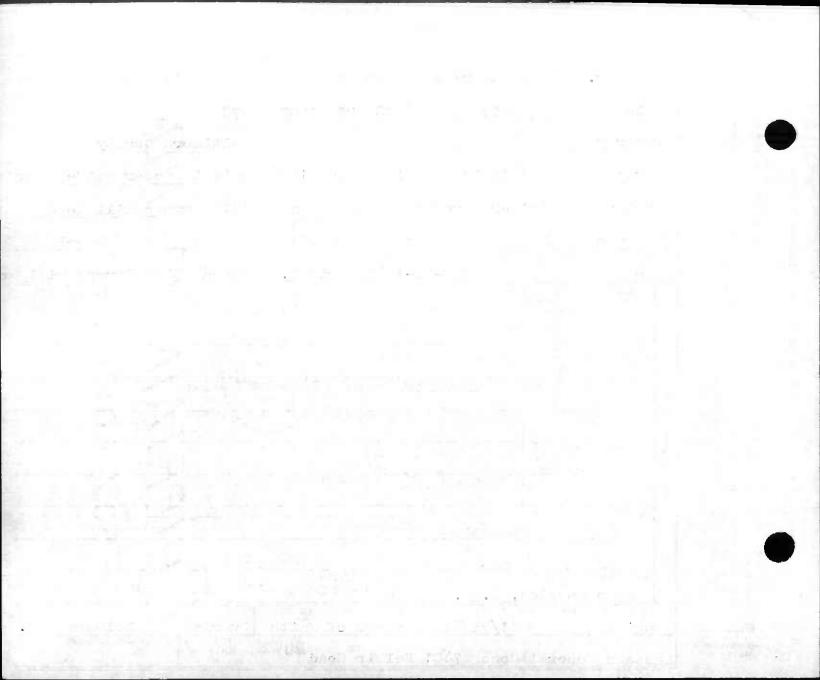
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IF UNDER I YEAR

11 BIRTHDAY)

certificate has bee BP.

IN TUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the buriol-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to but IMPORTANT: If Item 21 is marked or Item 18 shaws 230 BURIAL, CREMATION, REMOVAL Overlea Gardens of Faith Burial PATE REC'D BY REGISTRARY SEE CHATURE 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 7401 (VRA 15, 4) Lassahn Funeral Home Belair Road



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

retained by the haspital or attending physician.

1,	FOR	DEPAR		E OF MARYLAND HEALTH AND MENTAL HYG	IENE 8	2 8	
1	- STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	O.	
	CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH		AR 2b HOUR
à,	BEAUCHA	-P. LOLA	Bei	Auchamp		11-28-8	51 5-53 1
3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 DAYS HOURS
	EMALE	WHITE	OCT		81	YRS.	
44	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	1? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		
	ARYLAND ITY OR TOWN OF DEATH	USA	WIDOWE		BALTIMO		
1 4	2 1 11 1	11. NAME OF HOSPITAL, NURS	EET ADDRESS)	. 1	12a USUAL OCCUPATI	F WORKING LIFE) INDUS	
_	ANDA (15 TOWN	BALTIMORE COU	INTY GE	EN. HOSPITAL	WAITRES	3 DRI	ile Stor
13a.	STATE COUR	13c. CITY OR TO	NWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	a Da	
14. F	ATHER'S NAME	HRUNDEL HRNCL	-D	YES NO NO	884 DOR	13 DR.	
	FIRST	MIDDLE	4000	FIRST	WIDDLE	D	ETTICORI
16a \	E DWARD WAS DECEASED EVER IN U.S. AR			JOSEPHIN 17. INFORMANT	ADDR	SS	ETTICORI
-	(YES, NO OR UNKNOWN) (IF YES, GIV	212-01-	3106	EDWARD DU	TROW C	SAME AS	13)
	1	nly one couse per line for (o), (b), o		DUITA Zu	1.000	I AN	PPROXIMATE INTERVAL WEEN ONSET AND DE
	PART I. DEATH WAS CAUSE		pela	min arra	17 20 10	0611	WEEN UNSEL AND DEA
	1/1997	TE CAOSE (0)	UENCE OF	111			
	Conditions, if any, which	DUE TO, OR AS A CONSEO	1000	, Emboli		12.	
	gove rise to immediate couse (a), stating the	DUE TO OP AS A CONSEQ	UENCE OF	6	1.	14	1
	underlying couse lost.	ASCUT) (51	12 CHBC	anuaca	mythm.	1 9.
	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(0)
o N							
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH?
E E					YES - NO	YES 🗌	NO 🗌
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART I OR PAR	RT 2)
S	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		- 63		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM ETC)	21f. LOCATION STREET	CITY OR TO	wn COUNT	TY STATI
	AT WORK AT WORK				-		
		tol) ottended the deceased from	49 - 1	19 8	, to		-, thot (I) (we)
1		17 View the body after death.		nd that in (my) (our) opinion o	eoth occurred on the do		
	22b. SIGNATURE	·Shah		DEGREE ATTENDING	MEDICAL STAF		DATE SIGNED
4		-		PHYSICIAN [DIRECTOR PHYSIC	IAN .	-28-8
	22d. PHYSICIAN'S NAME (TYPE C	A. SHAH.		22e. ADDRESS O(D)	(nun)	me liver	T FO
\vdash	11,1			1	is Aus Thi	,	
	BURIAL, CREMATION, REMOVAL	1 1 1001 0	4.6	EMETERY OR CREMATORY	23d. LOCATION	Samery	M STATE
24 F	UNERAL DIRECTOR			EN MEMBRIAL PAR	The state of the s	NIE PANE	HUDDINDE
0	NAME 0 -	SCOLESS		IE HWY. 250	COD BY REGISTRAR	DILKIGOTA	BANCHE -
LY	OBERT S. BARRA	yco Jever	ENA PA	RK, ND.			

BP_____ DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled will with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

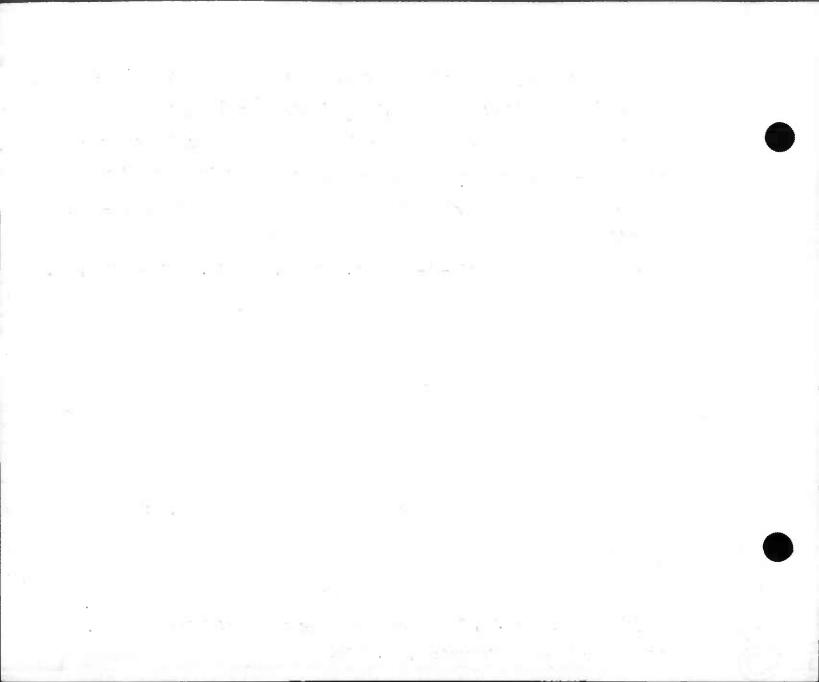
Lose Branchery - Alos . IN COST OF THE STATE STATES Marshand USA & Baltimore Column Landelle tom Brigging Court grant Printing Walters David State ATO AMERICAN ASSUME X 124 DAME DAY Signess Copper Copper - Remeals (The state of the Formal Salaman And Salaman Sal

requires that the death certificate be executed within 74

TTENDING PHYSICIAN The low

10	1.	FOR STATE	DE		EALTH AND MENTAL	HYGIENE Q	6	2 0 U	1 7	
6.0		REGISTRAR			ICATE OF DEATH		G. NO.			
(M)		CEASED NAME FIRST	ES WA	Hsen	BECK ,	R DATE OF DEA	TH MONTH	18 81	3 A M	
25	1 SE	× Male '	White/	5 DATE C		AGE (IN YEARS LA	11		HOURS MIN.	
72 hours			CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	,	
by the furnishing	10 C	ITY OR TOWN OF DEATH IT A TOWNS VILLE	1. NAME OF HOSPITAL, NAME OF HOSPITAL, NO LIFE NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)		12a USUAL OCC	JPATION AOST OF WORKING LI	12h. KIND OF INDUSTRY INDUSTRY	MD. BUSINESS OR	
filled in hould be in	130. 3	AL RESIDENCE (IF NURSING HOMEORO STATE 1345 COUNT	THER INSTITUTION, GIVE RESIDENCE 13c. CITY OF		134. INSIDE CITY LIMITS YES P NO	5? 13. STREET, ADDR	F Park	6 H6ts.	AVE	
complete ond 2	14. F/	Martin	Beck LA	ST	Margai	5. MOTHER'S MAIDEN NAME Margaret Margaret Mase				
Pages Tedico	16a \	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES	03-1562	Mr. James	W. Beck Jr.	Owing	s Mills,		
physicio in papers imoval ivent, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		(b), and ic	offer cardi	e varuelon	di Jea	BETWEEN ON	ATE INTERVAL	
by the atean certalcate aby the ateanage by sico assertions of remove corban papers I, cremotion, or removal ather traumatic event, the		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF						
by the case remains of case re		gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF						
equires to n signed Then plee r to burial injury, or	NO.	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributin</u>	G TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEASE OR	CONDITION GI	VEN IN PART 1(0)		
te hos bee sit permit giene pria	TIFICATI	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	_ IN CERTI	S, WERE FINDING FYING CAUSES O ES []	
certificate inol-trans ental Hyg		2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE C	F INJURY IN ITEM 18, I	PART 1 OR PART 2)		
ottendin ottendin s the bur n and Me	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	21F LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
pital ar TOR Affor use o of Health		22a.1 certify that (I) (this hospito sow the deceased after on obove (Mwe) (aid) (did not)			d that in (my) (our) opin	to, to	the date and ha	/	ot (I)(we) lost	
AL CATA The hosp AL DIREC detoched ofe Dept IT: If Item	7	12h SIGNATURE	I A Vu	ام	DEGREE ATTENDIN PHYSICIA	G MEDICAL DIRECTOR P	STAFF HYSICIAN []	22c DATE SI	GNED IP	
etoined by to FUNERAL should be det		22d PHYSICIAN'S NAME (TYPE OR P	T. WW M.	0	170 ADDRESS NPG+ OF	abwood 1	Rd, 6,	len Bur	21061 mil 14	
BP	23a. [BURIAL, CREMATION, REMOVAL SPECIFY). DUTIAL	Nov.20,81		emetery or cremato een Memoria	1 Fin	shurg	Md.	STATE	
DHMH-16 20M (VRA 15, 4) 7/7B	24. F	uneral director line Funeral Hom	e Reisterst	löwn, Md.	21136	NOV 2 100		TRAR'S SIGNATUR	Varthen	

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	١.	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.		
0	(TYSE	CEASED NAME FIRST FOR PRINT) EANNE EON A	EDNA JE	ANNE) BE	AST BOK	20 DAJE OF DEATH	MONTH DAY	YEAR 2b. H	30A M
1	3. 52	enale	white	S DATE O	DAY YEAR	6. AGE (IN YEARS LAST)	YRS	TS DATS HOU	IDER 24 HRS
5	Y.	COUNTRY) COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE WIDOWE		Baltimore City	ountroff	DEATH	MD.
10	PA	ARKUILLE		NURSING HOME CONTROL OF TON	ROAD	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		b. KIND OF BUS IDUSTRY	
5	50/	ARY LAND BA	DR OTHER INSTITUTION GIVE RESIDE JINTY 13t CITY LTO, PAR	OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	UPTON	ROAD	
30	14. FA	JOHN HOFF	EMAN COL	LLINS	EDNA	CONBE		LAST	
1			RMED FORCES? 166 SOCI	30-1740	17 INFORMANT	MILY A	E CORD	S	
		PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	INSEQUENCE OF	Slower Ede	made Mal Disease or co	Hurron GIVEN IN	APPROXIMATE IN BETWEEN ONSE! A	ND DEATH
29	AL CERTIFICATION	190 DATE OF OPERATION 190 PER 1980 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE		Herbe	21c. HOW INJURY OCCURR	200 AUTOPSY? YES NOTER NATURE OF IN.		RE FINDINGS UP CAUSES OF DE NO DR PART 2)	ATH?
4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (I) (this hasp	21e. PLACE OF INJURY (AT HOME, STREET FACTORY	Y, OFFICE, FARM, ETC)	21F LOCATION STREET	city on t	OWN C	OUNTY	STATE
		saw the deceased alive o		19. 87 on	DEGREE ATTENDING PHYSICIAN D		AFF		Dan
1		FRANK T.	KASIK J	R. M.D.	22e ADDRESS 9005 14	ARFORD	ROAD		
	0	BURIAL, CREMATION, REMOVAL SPECIFY) URIAL	1 /17/1981	HILL (EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN CUMBER	LAND	NTY	STATE MO.
	24 FL	UNERAL DIRECTOR	CHAPEL	8800 H	ARFORD RO	NOV 20198	25b REGISTRAR'S	SIGNATURE	eithen

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

BP

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather traumotic event, the madical argument

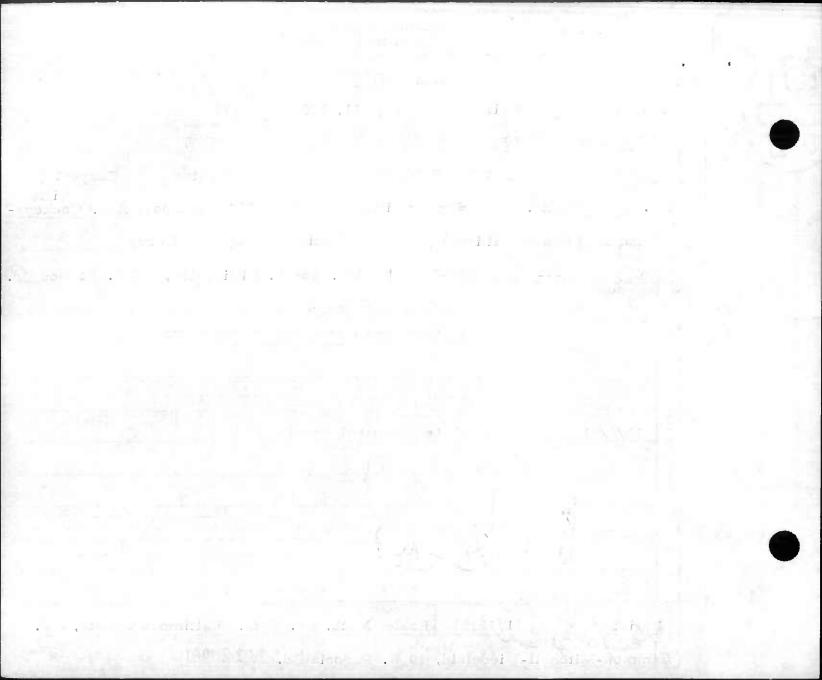
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STATE OF MARYLAND

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H	1.	Items 19a.& FOR STATE 12-1-81 REGISTRAR	19b. Film#G56 AL DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 1	2 8	0 2 2
nay be page 3 rr death		CEASED NAME FIRST OR PRINT)	AS Ral		LLINGSLEY	20 DATE OF DEATH		26 HOUR 2:00p _M
may r. pa	3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1	
4 0		Male	White	Sep	11, 1904	77	YRS.	DATS HOURS MIN.
(M)85	Jo. BIRTHPLACE ISTATE OR FOR COUNTRY) Maryland		USA		D NEVER MARRIED DED NORCED	BALTIMORE CITY OF COUNTY OF DEATH BALTIMORE COUNTY		
1 158	0 C	TY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. JOSEPH HOSPITAL			126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Carpenter Carpentry		
out the state of t	130. S M	AL RESIDENCE (IF NURSING HOME O TATE 136 COUL Balt	NTY 13c CITY OR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 117 Glenn		ville e. Cockeys-
mpletely and 2 to 180	14. FA	Ther's NAME FIRST Thomas Edwa	rd Billingsle	v	15 MOTHER'S MAIDEN NA. FIRST Lottie		Curry	LAST
Poges 1	(VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL VE WAR OR DATES)	SECURITY NO.	Mr. Ron L.	ADDRE	SS	Atwood Rd.
requires that the death curtifiers an signed by the attending phy Then please remove continuing injury, or other troumatic even	NO!	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT EARLY INF.	DUE TO, OR AS A CONS (b) LEAK DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING ARCTION OF SMA	EQUENCE OF EQUENCE OF TO DEATH BUT LL BOWE	L SECONDARY TO	INAL DISEASE OR COND	DITION GIVEN IN PAI	RT 1ra
The law retion. e has been it permit. I permit. I prows any ii	CERTIFICATION	190 DATE OF OPERATION 11/4/81			inal hernia	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	USES OF DEATH?
SICIAN: The ng physicion certificate hundi-transit pental Hygier Item 18 shov	MEDICAL CE	2] a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	2Tc. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	27 2)
offer this free this as the but the and Marked or	MEDI	WHILE OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM ETC)	211. LOCATION STREET	CITY OR TOV	VN COUNT	TY STATE
ATTENDII spital ar CTOR: A Ifar use of Healt		41	tal) attended the deceased fi	1º 81 Y	nd that in (🏋) (our) apinion o	to 11-9 death accurred an the da		that 🗱 (we) last the causes stated
Y the hay the hay the hay the hay the hay the DIRE detached onte Dept out. If Item		226. SIGNATURE	well to	M	ATTENDING PHYSICIAN	MEDICAL STAF	F _ 1	1-10-81
TO HOSPITAL etained by to TO FUNERAL should be de with the State MAPORTANT:		SAMUEL LEE			22e. ADDRESS 7620 YO	RK ROAD TOW	SON, MD 2	1204
BP	- 4	urial, cremation, removal	23b. DATE		Meth. Ch. C	23d LOCATION city of town Baltir	nore County	nty, Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	2500	mmon-Mitche	non		25a. DATI	E REC'D. BY REGISTRAR	Sh. REGISTRANDSIG	an Warther



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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

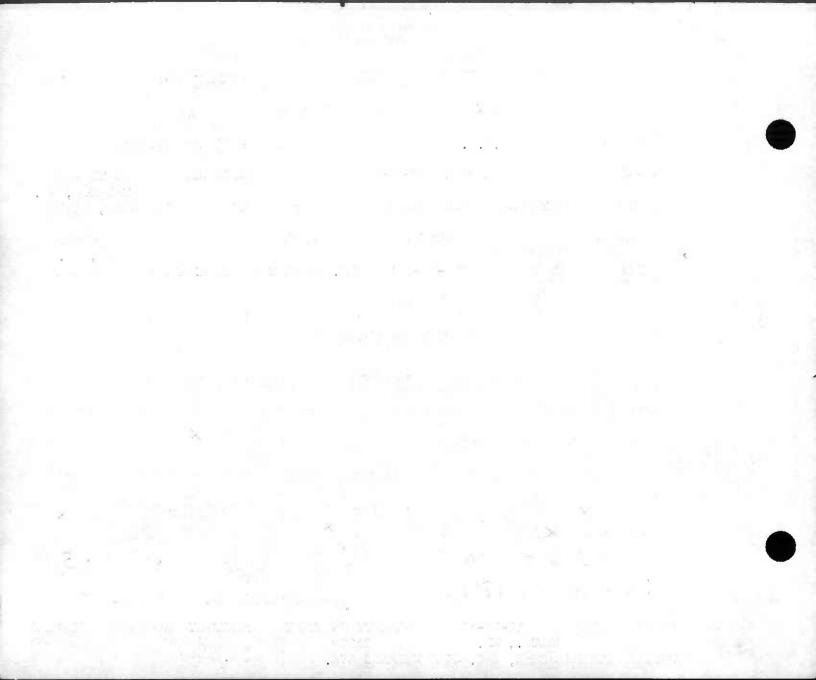
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	'	STATE REGISTRAR				CERTI	FICATE OF DEATH			REG. N	0.			
		TYPE OR PRINTI		PRINT)			LAST		2a DATE OF	DEATH	MONTH	DAY YE	AR	2b HOUR
			HAR	RY	JAMES	E	BISHOP		Novem	ber	23,	1981		6:50a
	3. SEX	K		4 RACE			OF BIRTH		AGE (IN YE	ARS LAST BIR	THDAY	IF UNDER		IF UNDER 24 HRS
		MALE		WHI	TE	09	09 18	1		88	YRS		DAYS	HOURS MIN.
10	7a. BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	ED NEVER MARRIED	_ 9	BALTIMOR				Н	
2		VIRGINIA		U.S	.A.	WIDOW			Balti	more	Cour	ntv		M
	0 CI	TY OR TOWN OF DE	ATH	11. NAME OF			OR OTHER INSTITUTION	N I	120 USUAL O	CCUPAT	ION	12b. KI	VD OF	BUSINESS OF
7	1	ESSEX		FR	ANKLIN S	QUARE			CARETA		DE WORKING	CIT		DAM
1	130 S	AL RESIDENCE (IF NURS ITATE MARYLAND	13b COU		134 CITY OR TO	WN	13d. INSIDE CITY LIMIT		3e STREET A		IEZER	STAUN ROAD,		N, VA.
7	14. FA	THER'S NAME					15 MOTHER'S MAIDE	_				,		
0		JAMES		WIDDLE	BISH	ЮP	ANNI	E		WIDDLE			COC	ORD
		VAS DECEASED EVER	MED FORCES?	16h SOCIAL SE	CURITY NO.	17 INFORMANT			ADDR	ess A	CCOMAC	, \	VA.	
		YES WW I			224-07	-8938	MRS. LILL	ISTO	N LII	LIST	ON F	FUNERAL HOME		
		18 CAUSE OF DEAT	H Enter ar	nly one cause per	line far (a), (b),	and Icili					-	AP. BETW	PROXIM	NATE INTERVAL
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiopulmonary Arrest												
		4017	5	DUE TO, O	R AS A CONSEQ	UENCE OF								
		Canditians, if any		(b)_	Possible	e Sept	ic Shock							
		gave rise to imi cause la statir	ig the	DUE TO, O	R AS A CONSEQ	UENCE OF								
		underlying couse last (c)												
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								IVEN IN PAR	Tla			
	ē													
7	MEDICAL CERTIFICATION	190 DATE OF OPERATION . 196		196 COND	ndition for which operation was performed				20a AUTOP	SY?	20b. IF YI	ES, WERE FIF	VDING ISES (GS USED OF DEATH?
-	RTI			- Au - Fu - F - O						10 X	Y	res 🗌		NO 🗌
1	C	OR CONTRIBUTING	hos	216 TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CCURRE	D (ENTER NATU	re of injul	RY IN ITEM 18	PART OR PART	7 2}	
	CA	(IF EITHER NOTIFY MEDI			M,	19								
П	MED	21d INJURY OCCUR!		(AT HOME, STE	OF INJURY REET FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET			CITY OR TO	WN	COUNTY	1	STATE
		AT WORK AT WO	RK			Norrow	0000 000	टान		-		49		
П		220 I certify that X	(this haspi	tal attended the	e deceased fram			81			er 23		. 1	iat 🗶 (we) last
		abave, (Kiwe) (c	did) (di X na	t) view the bady	after death.	O.I. . a	nd that in (in (aur) api	inian de	ath accurred	on the do	ite and ha			
		Mar	lia	Any	der		ATTENDIN PHYSICIA		MEDICAL DIRECTOR	STAF PHYSIC		11	AJE S	3/8/
		22 PHYSICIAN'S NA	ME (TYPE C	DR POINT)	CA		22e ADDRESS					1		1
		MAKSI	17+	DNYL	UC		9000 F	rank	lin So	narc	Dri	ve 212	237	
		URIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATO	ORY	23d LOCAT	ON		COUNTY		67.75
	REN	MOVAL/BURL	AL	11-25	-81	LIBER	TY CEMETERY	Y	PARKS		ACC	DMACK	V	RGINIA
	24 FU	NERAL DIRECTOR	BAL	TO., MD	• ADDRESS	See To	21229 250	DATER				TRAR'S SIGN	VATV	MAN
	HUE	BARD FUNE	RAL H	OME, INC		WILKEN	IS AVE.	NO	12519	181	12/10	U		glier.

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If them 21

24 FUNERAL DIRECTOR



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the haspital or attending physician.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the first should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be the first with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, or ather traumatic event, the medical examiner must be mailed.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYD STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

STATE OF MARYLAND	2.3	0.1	0	63	1.5	- 3	
ARTMENT OF HEALTH AND MENTAL HYGIENE	O	1	En.	5	U	Con	40
CERTIFICATE OF DEATH		DEC. NO					

	CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	MARIE	Н	DOEHO	ER	11-6	-81	1143 AM
3. SE	FEMALE	White	5. DATE OF BIRT	DAY YEAR	6. AGE (IN YEARS LAST BE	RTHDAY) IF UN	HS DAYS HOURS MIN.
-	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? B.	5 94	9 BALTIMORE CITY	YRS OR COUNTY OF I	DEATH.
	COUNTRY) VA	125A	MARRIED N		0.00	n+4	DAIYO
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			12a USUAL OCCUPAT		26. KIND OF BUSINESS OR
+	ARKVILLE	VAILEY NSC	+Conv. 871	DEMGER			NDUSTRY
13a.	STATE BALL	ITY 13 CITY	OR TOWN 13d IN	SIDE CITY LIMITS?	3501 Cr	esley	AUE 21234
14. F.	ATHER'S NAME HENRY A.	MD Gotzen	LAST IS. MC	THER'S MAIDEN NA/			100000000000000000000000000000000000000
	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 24					
(YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 214	-01-9301 M	s. Herries	tta B. Jans	sen-3501	ChesleyAve.
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for to	, to , and id				APPROXIMATE INTERVAL BETWEEN ONSEKAND DEATH
		E CAUSE (a)	Some				S Voys
	4360	DUE TO, OR AS A CO	NSEQUENCE OF				
	Canditions, if any, which gave rise to immediate	(p)					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF				
	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	N PART Line
NO NO							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED 3 CAUSES OF DEATH?
RTIF					YES NO	YES [NO 🗌
	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON	TH DAY YEAR	DW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 1B PART I (OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	CATION			
MEC	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		STREET	CITY OF TO)WN (COUNTY STATE
	220.1 certify that (I) (this haspit	tal) attended the decease	diam / 1974	10	- //	14 10	C)
	saw the deceased alive an	11/3	19 Fl and that i	n (my) (aur) apinian a	death accurred an the	ate and hour and	from the causes stated
	abave, (1) (we) (did) (did na 22b. SJCNATURE	t) view the body after deat	h. DEGREE				TIC DATE SIGNED
	())	When	1 mo	ATTENDING PHYSICIAN E	DIRECTOR STA		11/8/8/
	224 THYSICIAN'S MAME TYPE	RPRIME	22e Al	DDRESS		/ ^	
	J) W, Wad	S) ovilal	9	Sit	Tighland	last,	21224
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETER		23d LOCATION	4. 4	UNTY STATE
	Burial	11-9-81	Parkwood (emetery	Balto	Ad.	M.Th.
0	UNERAL DIRECTOR	(1.150.1	ADDRESS	2500	FREC'DOBY REGISTRAR	ASS. WECKSTRAN	SIGNATURE
K	one . Miller In	c-6415 Bela	ur Kd21200		,	10 10 10 mg	

Female while a searge while a search with a

wise //- -// lectro anton all. c.

, it was a second of the secon

OR ATTENDING PHYSICIAN: The attending physician

or removal

urial, crematian,

please

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

After this certificate has been

FUNERAL DIRECTOR:

injury, or other troumatic

morked or Item 18 shows any

If Item 21 is

MPORTANT

MEDICAL CERTIFICATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENF

MCRYTIA

November 24, 1981

CERTIFICATE OF DEATH

BOROTKA

25. HOUR 10:06am

ъ.							The state of the s
	Male	Can	casian Fe	b-18, 1895	8. AGE (IN TEARLIAST BRITIDAY)	MONTHS DAYS	FINDER 2x HES HOURS AND
A	JUSSIA .	THE CHIZEN OF	A. A. WIDOW	ED NEVER MARRIED	Baltimore Cou		
E	attimore	Tuan of	CH PACE TO FETE STREET (SOCIETIES)	THE HOST .	17s USUAL OCCUPATION (1995-OF WORK FOR WOLL OF WORKING)	17h: KIND OI INDUSTRY	BUSINESS O
is a	Md.	COUNTY	Latteriore	134. INSIDE CHY LIMITS? YES NO [134 STREET ADDRESS LI	urnel	ive,
1.7	Tink	noww	1431	15. MOTHER'S MADEN NO	Enouve C	1 1051	
be	WAS DECHASED EVER	WWI S ARMED FORCEST	216-44-3233	Teonard C	Brotla 508 S	Luan	nellie
(CAUSE OF DEATH V	H lenter doly are course per VAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardio-pulmor	nary Arrest		SET NOTE AND	MATE INTERVAL MISET AND DEATH

Canditions, if any, which gave rise ta immediate couse (o), stating underlying cause last

- STATE

CTHIPE CHARRIES.

REGISTRAR DECEASED NAME

Leonty

Antero-Septal Myocardial Infarction

Hypertension, Diabetes Mellitus New onset Atrial Fibrillation

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DUE TO, OR AS A CONSEQUENCE OF

19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? YES NO 🔀	IN CERTIFYING CAUSES		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19	.R	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)		
21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE	

220.1 certify that X (this hospital) attended the deceased from November 21 19.87 November 24 19 81 saw the deceased alive an November 24 abave (we) (did) (mail view the bady after death 19_81 _, and that inXmy) (our) apinian death accurred an the date and have and from the causes stated ATTENDING MEDICAL STAFF

PHYSICIAN

Stephanie C. Fulton.

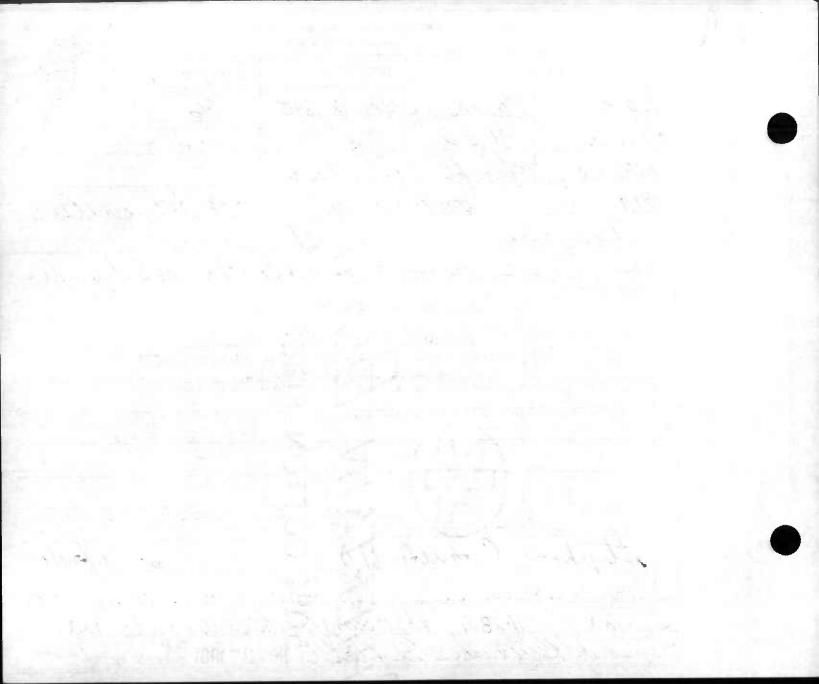
22e ADDRESS

9000 Franklin Square Dr. Balto. MD

DIRECTOR PHYSICIAN

Livial 11.28.81 Doly Rosans Cenetres Lattinione Co. 1	
1 ·// ·/ · · · · · · · · · · · · · · · ·	STATE
Dural 11.28.81 Holy tolanglenetter fatheriore Co. 1	u.
24 FUNDERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251, REGISTRAR	W-I.
Lagrione Lacisonica ADDRESS The 1250 DATE REC'D. BY REGISTRARY SIGNAL ADDRESS THE STATE OF THE PROPERTY OF THE	/ January

DHMH-16 50M 1/81 (VRA 15, 4)



P	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO LEAST A CERTIFICATE OF DEATH REG. NO.						
page 3		CEASED NAME FIRST OR PRINT) ELLEN	VIRGINIA	BRAND	last DAU	20 DATE OF DEATH MON	1-27-81	26. HOUR 4:45am	
pag.	3. SE	X	1. RACE		OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS	
rs of		Female	White	7-	31- DAY 1924	57	YRS.	HOURS MIN.	
n 72 hou		RTHPLACE (STATE OR FOREIGN) OUNTRY) Virginia	U. S. A.	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO	RE COUNTY	MD	
by the fune lied within		rowson	11. NAME OF HOSPITAL,	H HOSPIT	AL	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Secretary	RKING LIFE) 126. KIND OF INDUSTRYE U. S.	gewood Gov t	
filled in nould be f	USU. 130 S	AL RESIDENCE IF NURSING HE OR OF COUNTAILS Md Harf	T	E BEFORE ADMISSION) OR TOWN ettsvill	YES NO X	13e STREET ADDRESS 1621 NorthBe	end Road, 2	1084	
and 2 st		THER'S NAME FIRST M.	Allmo	nd	15. MOTHER'S MAIDEN NA Borothy	MIDOLF A	Ritter		
s. Poges		VAS DECEASED EVER IN U.S. ARA VES, 10 OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	18-4553	Mr. C. Rider	Brandau Jr.Ja		e, Md.	
physicie on poperi emovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (o), BY: CAUSE (o)	(b), and (c). ADE	NOCARCINOMA O	F THE RECTUM	AND BETWEEN O	MATE INTERVAL	
ottending nove corbo otion, or re froumotic		Conditions, if ony, which	DUE TO, OR AS A COM	SEQUENCE OF	MOID, RECURRE	Minerel ,			
d by the o leose remo iol, cremot or other tro		gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CO	Liven	TENSIVE PELON	C METASTASIS			
n signe Then p r to bur injury,	NO	PART 2. OTHER SIGNIFICANT C	onditions <u>contributin</u>	IG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 10		
hos beer permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		. IF YES, WERE FINDIN CERTIFYING CAUSES (YES		
ding physicis s certificate sourial-transit Mental Hygin or Item 18 shu		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MON'	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2)		
er this c s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
for Africa Afric		220 I certify that X (this hospite			, 17		, 19 81 , 1	hot (I) (we) lost	
CTO A for of h		saw the deceased olive on above 14 (he) (did) (did no t	view the body after death			death occurred on the date or		1 1100	
y the ho (AL DIRE detochec ote Dept AT: If Iten		126 SIGNATURE	u Lupi	1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	7/8/	
TO FUNERAL should be det with the Stote		22d PHYSICIAN'S NAME (TYPE OR William J Sup		Yes	22e. ADDRESS 7.620	O YORK ROAD TO	WSON MD 21	204	
BP	23o. E	Burial, CREMATION, REMOVAL	236. DATE 11-30-81		od Cemetery	23d. LOCATION	Baltimore	Md.	
MH-16 30M 2/80 (VRA 15, 4)	24 FI	JNERAL DIRECTOR F. MARSSACH F.	// 11750 Bel Kingsville			EC2 1981	STRAR GNATA	Marian	

STATE OF MARYLAND

8

. C. C. N. HELL SAME

. Hom I man restrati z hi ki sa ki

		CEASED NAME FIRST	WIDDLE		LAST	REG. NO.	TH DAY YEAR 26. HOUR
	(I A PE	RAYMONI	REESE	BRAN	DENBURG, SR.	1	1 7 81 6:55
1	3. SE)		4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
١		ALE	WHITE	MONT 1	6 91	90	YRS
	(RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	76 CITIZEN OF WHAT COUNTS	WIDOW		BALTIMORE CO	
	F	ORT HOWARD	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR V. A. MEDICA	REET ADDRESS)		TYPE OF WORK FOR MOST OF WOR	RKING LIFE) 126 KIND OF BUSINESS INDUSTRY RATLROAD
	13a. S M	ARYLAND CAR	OR OTHER INSTITUTION GIVE RESIDENCE BEINDAY INTY ROLL TO ATR	FORE ADMISSION) DWN Y	13d Inside City Limits? Yes \(\text{NO } \text{\$\frac{1}{4}}	13e. STREET ADDRESS 203 PARK AT	/ENUE
			J. Brandenbur		15. MOTHER'S MAIDEN NA/	e widdle	Watkins
			RMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES) 705 09		Raymond Gle	nn Brandenbur CORDS VAMC I	g, Item 13 FORT HOWARD, MD
I		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUS	only one cause per line for (a), (b), SED BY:	and c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	7	LAS 6 D Conditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF			4 HOURS
١		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION I	DUENCE OF			7 DAYS
	NOI	PART 2. OTHER SIGNIFICANT ISCHEMIC HEAR	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1101
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIC	ON WAS PERFORMED	20a AUTOPSY? 20b	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
,		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN II	TEM 1B PART I OR PART 2)
	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased alive o	pital) attended the deceased from 11/7 19 The view the body after death.		nd that in (Xy) (aur) apinion o	to	nd hour and from the causes stated
		17h SIGNATURE	rayer	_	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 11/7/81
	. 9	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		

Pine Grove

250. DATE REC'D. BY REGISTRAR 24 REGISTRAR'S MONATURE.

Nov.11,1981

24 FUNERAL DIRECTOR OF IN L. Molesworth, P.A., AD Damascus, Md.

STATE OF MARYLAND

DHMH-16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physicion.

multivii. pigred thearings. rrini (1,11.1 ll n L. Wins orth, . . . n recun, .d. FOR

- STATE

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78 DECEASED NAME

TYPE OF PRINTS 6, LILLIAN E BRANDT NOVEMBER AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5 DATE OF BIRTH MONTH White June 30, 1917 64 Female BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE Maruland U.S.A. WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CHFACILITY, GIVE STREET ADDRESS) T JOSEPH HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) TOWSON Housewife VUSUAL RESIDENCE | IF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Parkville NO F 1127 Pelhamwood Rd Maruland YES | 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ALIDDI F LAST FIRST ALIDDLE Ιđa John Casper 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) 212-07-3312 Miss Frances S Brandt No 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I DEATH WAS CAUSED BY LEFT CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF HYPERTENSION gove rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION TRACT INFECTION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21h. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOT IFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ŏ CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that X (this hospital) attended the deceased from 81 sow the decaded olive on NUV 0 sobove, by (ve) (did) (dx in) view the body often death and that in (m) (our) apinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME LTYPE OR PRINT! 22e ADDRESS ld b CHARLES B. HATTON. M.D.

11/9/81

Leonard J Ruck Inc. Baltimore, Maruland

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

22c. DATE SIGNED 11 - 6 - 817620-YORK ROAD TOWSON, MD 21204 23c NAME OF CEMETERY OR CREMATORY Baltimore, Maryland STATE Sacred Heart Jesus 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO.

MONTH

1981

COUNTY

Rutkowski

Same

YES 🗍

COUNTY

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

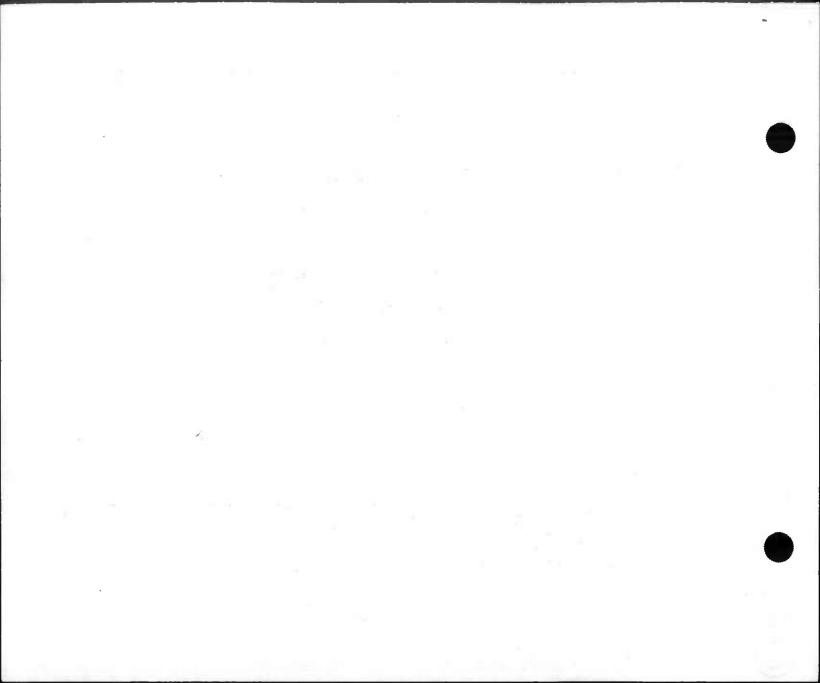
NO [

STATE

1:08

IF UNDER 24 HRS

2e DATE OF DEATH



		STATE	FMAF	RYLAN	D	
DE	PARTMENT	OF HEA	LTH A	ND MI	NTAL	HYGIENE
	CE	RTIFIC	ATE C)F DE	ATH	

IENE	8	1	2	8		.)	
IENE			(Com	O	20	Eno	
		DEC NO					

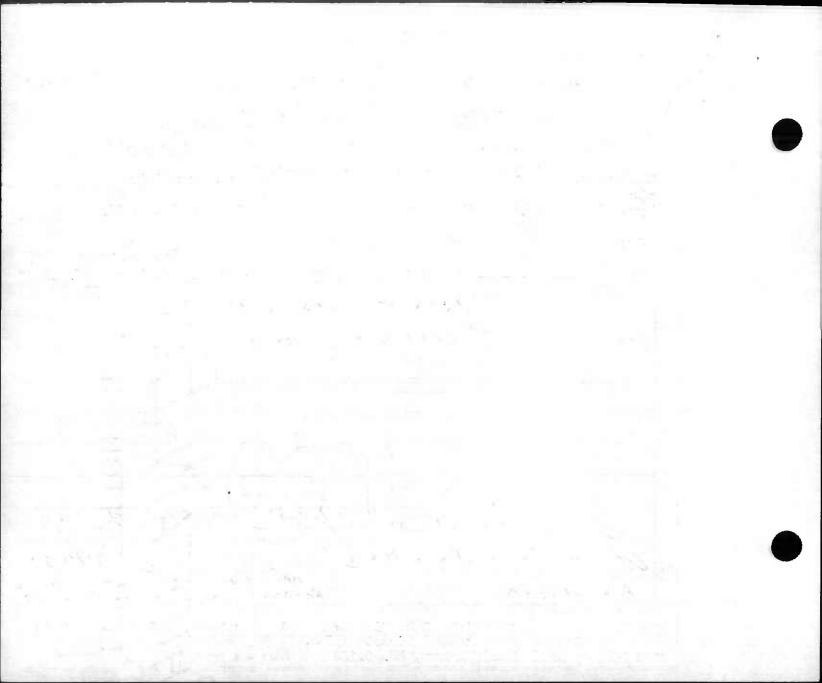
1.	FOR STATE REGISTRAR			DE		EALTH AND MENTAL H	YGIENE Ö	and a	280	1 2 7
1 00		FIRST		MIDDLE		AST	20 DATE OF DI	REG. NO.		
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		4	20 DATE OF DI		DAY YEAR	2b. HOUR
		ELEN		02.		BBANE		//	1381	8:35 PM
3. SE	X	4	RACE		5. DATE C		6. AGE (IN YEAR	5 LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
	female		whi	te	02		77	YR:		MOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
	Marylan	d	U.S.A.		WIDOWE		Baltim	ore Cour	ntu	MD.
10 C	ITY OR TOWN OF DE	ATH 1	I. NAME OF		NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OC	CUPATION	126 KIND C	OF BUSINESS OR
	undallstown					eneral Hospi	tal Ret.	Beautic	ian industry	
13a	AL RESIDENCE (IF NUR STATE	136 COUNT	MER INSTITUTION	13c. CITY O	R TOWN	13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS		
_ 1	Maryland	Balte	2.	Villa	Nova	YES NO 10	4107 B	uckingh	am Rd.	
14 F	ATHER'S NAME	a.a. ii	DDLE	14	ist.	15. MOTHER'S MAIDEN N		AIDDLE		
	James	741.4	DUTE	Quin	n.	Nora	^	NIDDLE	Dunn	,1
	WAS DECEASED EVER			V	L SECURITY NO.	17 INFORMANT		ADDREAST 0.7	Bucking	hom Rd.
(yes, no or unknown) No	(IF YES, GIVE V	VAR OR DATES)	071-	24-5620A	Mrs. George	Parent S			
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter anly	ane cause per							IMATE INTÉRVAL ONSET AND DEATH
		VAS CAUSED		ME	TASTAT	IC CARCA	NOMA		32.77	2.1321 4.12 02.411
	1746	MEDIATE								
	Conditions, if pny	111	DUE TO, O		BREING	MA BRA	457			
	gave rise to im	mediate	(b)	21	31207100	1.19 1214	1321			
	underlying cause		DUE TO, O	R AS A CON	ISEQUENCE OF	1				
			(c)							
Z O	PART 2 OTHER SIG	NIFICANT CO	NDITIONS <u>CC</u>	DNTRIBUTIN	IG TO DEATH BUT	NO! RELATED TO THE TER	RMINAL DISEASE O	R CONDITION (GIVEN IN PART 10	a '
CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPS	Y? 20b. IF	YES, WERE FINDIN	4GS USED
풀							VES II N	O IN CER	TIFYING CAUSES	OF DEATH?
ER	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O	F INJURY		21c HOW INJURY OCCU				NO []
	OR CONTRIBUTING				H DAY YEAR		THE TENTON	. 07 117011 11 11211 1	D TAKE TORTAKE 2)	
S	(IF EITHER NOTIFY MED		P.		19	AV LOCATION				
MEDICAL	21d. INJURY OCCUR		21e PLACE		OFFICE, FARM, ETC)	21f. LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
	AT WORK AT WO	ORK								
	220.1 certify that ()					19, 19, 8	7, to	115/		that (We) last
	saw the deceas abave, (M (we) (ed alive an	view the body	after death	_19, an	d that in (My) (Dur) Dpinio	n death accurred 6	n the date and h	aur and from the	causes stated
	226. SIGNATURE	1 6			[DEGREE			22c. DATE	SIGNED
	PANCO	te	una	- Cling	un M.B.	BS ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN TI	1111	115/87
	22d. PHYSICIAN'S N	AME (TYPE OR P					THORE	Cour?	UPF	4-90-1
	A.K.	CHOP.	RA				LLS TOWN		- Carr	HogPITAL
	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	N		7-41133
Βı	urial	4.45	11/18	3/81		ew Mem. Park			arroll Mo	
24 F	UNERAL DIRECTOR	Loring	Buers	Funer	al Direct	tors, Inc. 250. DA				
8	728 Libert	y Road	Randa	illsto	wn, MD.	21133	14 7 / 120	The same	0	and the same

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filewaith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any



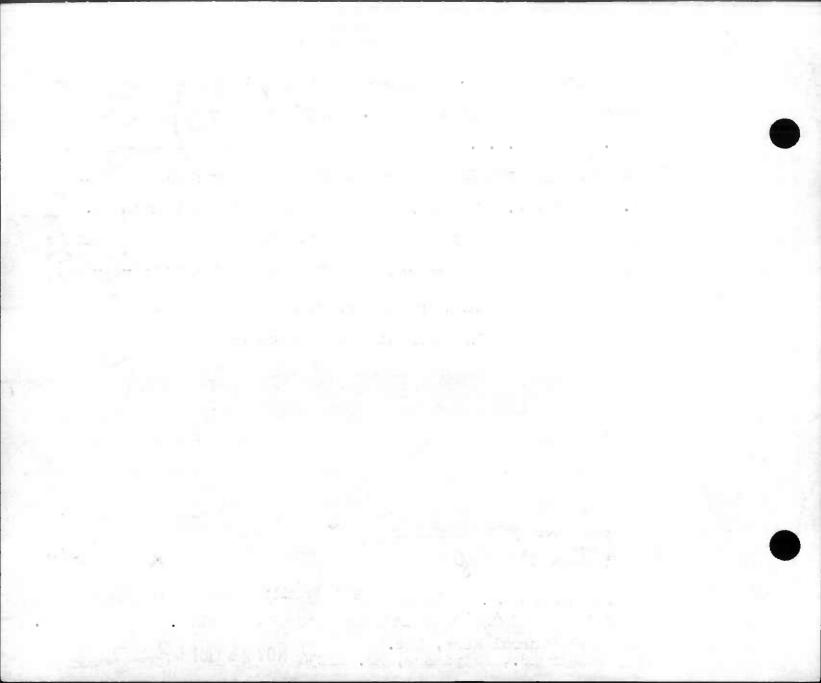
STATE OF MARYLAND

FOR STATE REGISTRAR			ICATE OF DEATH	REG. NO.	28	<i>j</i>
I DECEASED NAME FIRST	MIDDLE	Į.	AST		ONTH DAY YEAR	2b HOUR
(TYPE OR PRINT)	W	BR	AUN	November 23	1981	12:30 A
1 SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
Female	Caucasi		1-1	84.	YRS.	HOURS MIN.
1. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
Md.	U.S.A.	WIDOWE	DIVORCED	Baltimore		MC
Baltimore	(IF NOT IN SUCH FACT	ITAL, NURSING HOME C LITY, GIVE STREET ADDRESS) Ln Square	Hospital	120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF V Homemake	VORKING LIFE) INDUSTRY	OF BUSINESS OR
Md. E	OUNTY 13t C	esidence before admission) CITY OR TOWN CTTY Hall	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 9130 Cow	enton Rd.	
14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	1A	ST .
August		ilster	August			nske
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	S CIVE WAR OR DATEST	12-09-437	Veronica	Lundt (si	Dame auc	lress .aw)
8 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er anly one cause per line fo	aria, b), and c			APPRO) BETWEEN	ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A	A CONSEQUENCE OF	Severe Hypox			
PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>CONTRI</u>	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1	a
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES □ NO ☑	Ob. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			NO [
	DEATH	MONTH DAY YEAR		CED LENTER NATURE OF INJURY I	N ITEM 18 PART I OR PART 2)	NO []
OR CONTRIBUTING CAUSE O	VINER) P.M. 21e. PLACE OF IN.	19	21f LOCATION STREET	CITY OR TOWN	COUNTY	NO STATE
OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAN 21d INJURY OCCURRED 22a I certify that (this h saw the deceased alive abave. M (we) (did) (%	P.M. 21e. PLACE OF IN. (AT HOME STREET FAIR cospital) attended the dece	JURY CTORY OFFICE FARM ETC.) eased fram 11-20 death.	21f. LOCATION STREET 19 81 d that in (our) opinian DEGREE ATTENDING PHYSICIAN	city OR 10wh	. 19 81 and haur and from the	STATE that * (we) last causes stated
OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAM 21d. INJURY OCCURRED 220 I certify that (this h saw the deceased alive above. M (we) (did) (30	P.M. 21e. PLACE OF IN. (AT HOME STREET FAI cospital) attended the dece	JURY CTORY OFFICE FARM ETC.) eased fram 11-20 death.	21f. LOCATION STREET , 19 81 d that in (our) opinian DEGREE ATTENDING PHYSICIAN [22e. ADDRESS	to 11–23 death accurred on the date	. 19 81 and haur and from the	STATE that ** (we) last causes stated

DHMH - 16 50M 1/81 (VRA 15, 4)

Schimunek Funeral Home, Inc. 9705 Belair Rd., Baltimore, Md.

NOV 2 4 1981 Registrar's signature



inding physician and campletely filled in by carbanpapers. Pages 1 and 2 shauld be filed

signed by the attending physician

injury, ar other traumatic

should be detached far use as the burial-transit permit. Then please with the State Dept. af Health and Mental Hygiene priar ta burial, cr TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	2	8	U	3	

	1 -	STATE REGISTRAR		DEI ART		ICATE OF DEATH	TOTERE	REG. NO.		
		CEASED NAME FIRST HAROL		WIDDLE	2	AST H	20 DATE OF DE	4	1981	26. HOUR 7.15 M
	3. SEX	MALE	4. RACE	ile	5. DATE C	IL 23 1926	6. AGE (IN YEAR)	S LAST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	C	PENN	21.5	WHAT COUNTRY!	WIDOWE			BALIO.	OF DEATH	MD
		CARHEY	1112119	DAGITY, GIV DIREE	H CAN	LANC	Min Va	CUPATION POST OF WORKING	SUFE) 125 AL	Tay City
		TATEL 13b. DA	Lo	13t. AT OR TOV	VN	13d. INSIDE CITY LIMITS? YES \(\text{NO } \(\text{VE} \)	290	Press Du	NCAN A	LANE
	4. FA	THER'S NAME HAROLD	MIDDLE C	BRAUK	<i>(</i>	15. MOTHER'S MAIDEN N		Lon	1e LAS	51
			MED FORCES? E WAR OR DATES) PREA	217-12-	7021	ALICE	M. B	RAUK	S.	Ame
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)		line for (o), (b), or	nd (c).) navy	insuff.	aente		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OF	R AS A CONSEQU	IENCE OF	in Goter	inelent	1 Holar	f yt	ears
		couse (0), stating the underlying couse lost.	(c)	R AS A CONSEQU			lad			
	NOIL	Die Le	1 mul	lites						
	CERTIFICATION	19a. DATE OF OPERATION			1 OPERATIO	N WAS PERFORMED		O IN CER	YES, WERE FINDIN TIFYING CAUSES YES []	
	- 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH D	AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	
ı	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	21L LOCATION STREET	· ·	ITY OR TOWN	COUNTY	STATE
		220. Certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	Oct	22 19	1-l, on	d that in (my) (our) opinio	in death occurred o	n the date and h		that (I) (we) last causes stated
		22h SIGNATURE DM	atom	0		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN []	22c. DATE	SIGNED
		Bienvenide	D	MATES	MD.	220 ADDRESS	CRANBR	ook	Rd	21030

DHMH-16 30M 2/80 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN:

retained by the haspital

BP.

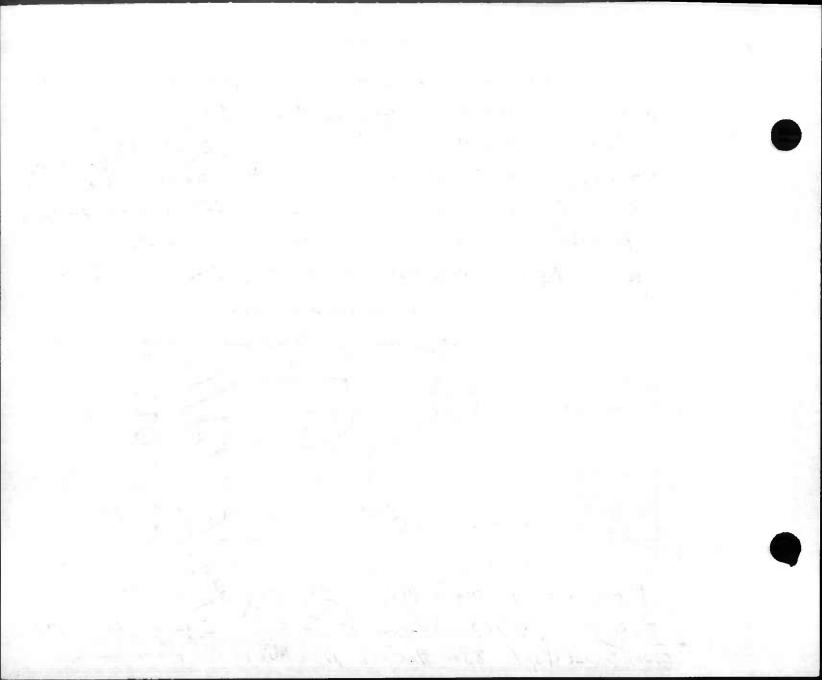
CREMATION, REMOVAL

FOR

236. DAJE

231. NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAN 258 DEGISTRANS SIGNATURE NOV 12 1981 Name January



	er death, Page 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deathr Page 4 may be retained by the haspital or attending physician.
S, 201 W. PRESTON ST., BA	vires that the death certificate
DIVISION OF VITAL RECORD	ING PHYSICIAN: The law requ
	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE B	2	8 0	3 2
		CEASED NAME OR PRINT)	Jame:		MDDLE Charles		rewer		MONTH D.	981	2b. HOUR
M	3. SE	Male		4 RACE White		5. DATE C	DE BIRTH YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
- TC	0	RTHPLACE (STATE OR FOUNTRY)		76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF Baltimor	R COUNTY		M
00	13.27	TY OR TOWN OF DE			HOSPITAL, NURSIN CHEACHITY, GIVESTREET, estnut Hi		R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Area Mana	OF WORKING LIFE)	INDUSTRY	F BUSINESS OF Arance
SE P	13a. S	AL RESIDENCE (IF NUR STATE Aryland	Balt:	other institution ity imore	Reister	admission) stown	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 29 Chestn	ut Hil	l Lane	
30	14. FA	THER'S NAME FIRST Walter		NIDDLE W.	Brewer		is mother's maiden n first Hanna l	U WIDDLE		Clas	ark
medical		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	219-01-3		Mrs.Eleanor	Brewer, Rei	Chestn sterst	own, Mo	Lane . MATE INTERVAL DONSET AND DEATH
ony injury, or other traumotic	MION	Conditions, if ony gove rise to im couse to im stoti underlying cause PART 2 OTHER SIG	mediate ng the e fost NIFICANT (ONDITIONS C	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON		N IN PART 110	
Shows ony	CERTIFICATION					OPERATIO		YES NO	IN CERTIFY YES	ING CAUSES	
Item 18 s		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIA	CAUSE OF DEA	in .	DE INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
marked or I	MEDICAL	21d. INJURY OCCUR	HILE C		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
2 l is		220 certify that (I saw the decease above, (I) (we) (ed olive on		19		d that in (my) (aux) opinio	, to	ate and hour		that (1) (ve) los causes stated
ANT: If Item		22d. PHYSICIAN'S N	ME LIVPEIO	alles	in	M	ATTENDING PHYSICIAN 172e ADDRESS	MEDICAL STA	FF CIAN D	22c. DATE	SIGNED
IMPORTANT: IF	73a F	URIAL CREMATION	REMOVAL	1236, DATE	MS 1236 N	AME OF C	11904 Cus	1236 LOCATION	Cent	erator	1421
	(Burial					sant Ch.Ceme	tery Greensl	The second secon	The second second second	N.C.
/77	1	J. Sil	lar	lf	Owinge	Mill	.s, Md.	MOADS, Religion	25b. PEGES	AND SENATI	JRE

LATE LES HOMERON describer. M. L. 123 greater Jaidl specified berigned TOMORE N. Browner The state of the s no. "-1981 Mt. Hearant In Constitute Countries Cui Tore,

Although the Column Mills of Co.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled will the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	8 0 3 3
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		DAY YEAR 26 HOUR
Mary	7 Annetta	Briel	November 13,	1981 4:45 4
Female	Caucasian	5. DATE OF BIRTH AUG. 5, 1896	6 AGE (IN YEARS LAST BIRTHDAY) 85 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Baltimore Co	ounty MD
Catonsville		NG HOME OR OTHER INSTITUTION T ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Housewife	12h KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CO Virginia Midd	OTHER INSTITUTION GIVE RESIDENCE BEFOR	READMISSION) VN 13d INSIDE CITY LIMITS? L11e YES NO X	13e STREET ADDRESS Box 86	23043
John	B. Cramb		Crooks	Taylor
16a WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECTION ARMED FORCES? 213-74-		address es L. Jackson	Same as # 1
	6 1 1 1 1	ENCE OF	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
ASOVO 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	Herebral Anoxia 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
	DEATH HOUR A.M. MONTH D	AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	
OR CONTRIBUTING CAUSE OF INF EITHER NOTIFY MEDICAL EXAM! 21d INJURY OCCURRED	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM_ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceosed alive obove, (I) (we) (did) (did	on	ond that in (my) (our) opinion	deoth occurred on the date and hour	
22b. SIGNATURE	E Rome	DEGREE M.D. ATTENDING PHYSICIAN [MEDICAL STAFF **********************************	11/13/81
CONTRACTOR STOP STOP STOP STOP STOP STOP STOP STOP	Rowe, M.D.	413 Common	nwealth Ave. I	Balt., Md 212
23. BURIAL, CREMATION, REMOV Burial	1 1 1	NAME OF CEMETERY OR CREMATORY Oudon Park	23d LOCATION CITY OR TOWN Baltimore Cit	county STATE

BP.

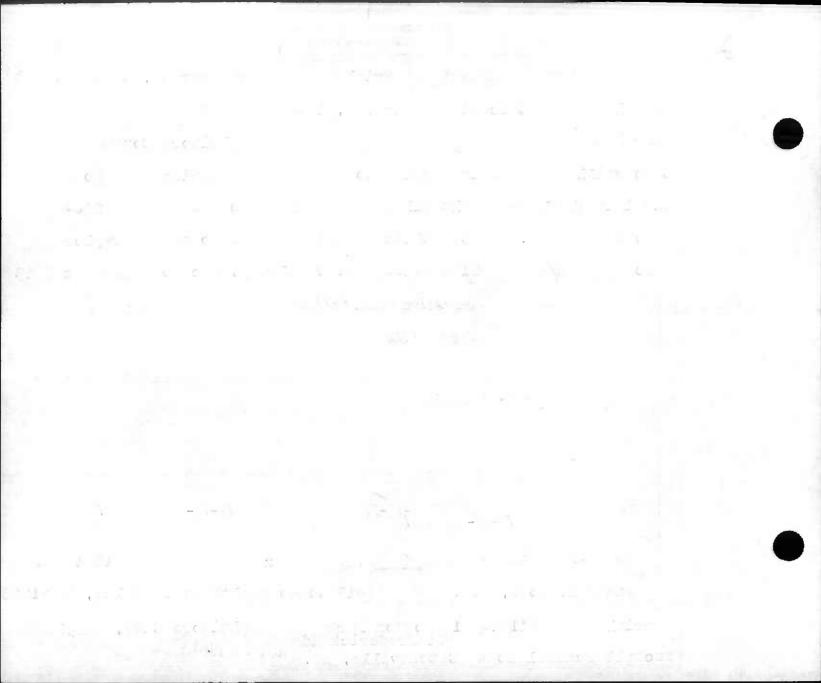
DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospital or offending physicion

24 FUNERAL DIRECTOR

1 Loudon Park Ba 301 Frederick Rd 250 DATE RECO. Catonsville, Md. NOV I MacNabb Funeral Home

Baltimore City, Was land



WILLIAM J. SFINCH H. MO TO THE TOTAL TOTAL A FLIMONE COOKLA TO SEAL THE SAME OF A SECURITY YHTER JAHREOKE GITERER THE PROPERTY AND THE PARTY OF T P. J. PATEE. MB GBMC-67-1 N. CHARLET NO 20 115 100 6 030 m

. 3	1 -	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2	8 0	3 5
		OR RRINT)	FIRST 11a		BRO	ACH	AS1	November		1 YEAR	25. HOUR 2:25P
	SE.	MALE		A RACE CAUCA	SIAN	5 DATE O	0.0	6 AGE (IN YEARS LAST E	YRS.	ONTHS DATS	IF UNDER 24 HRS
		RTHPLACE (STATE OR FI	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI		9 BALTIMORE CITY Baltin			MD
11/		SSVILLE	TH		HOSPITAL, NURSIN		HOSPITAL	120 USUAL OCCUPA	TION EXPORKING LIFE	12b. KIND O INDUSTRY	OF BUSINESS OR
35	ISU, 130 S MA	AL RESIDENCE (IF NURSI RYLAND		TIMORE	ROSEDAT		13d INSIDE CITY LIMITS? YES NO	130 BOX ADPRESS	8545 1	PULASI	KI HIGHW
30	4 FA	THER'S NAME HAREM		MIDDLE	HAMMOND		15. MOTHER'S MAIDEN NAM	WE		LAS	T.
the medical	6a. V	VAS DECEASED EVER		MED FORCES?	220461		JAMES W. BE	ROACH BOX		545 PT	JLASKI I
njury, or other tro	NO	Canditions, if any, gave rise to imm cause (a), stating underlying couse PART 2 OTHER SIGN Staphy	the last.	((c)	R AS A CONSEQUE DINTRIBUTING TO D UMON 1 a		NOT RELATED TO THE TERM	INAL DISEASE OR COI	ndition Give	N IN PART I	a
18 shows ony	CERTIFICATION	19a. DATE OF OPERAT				OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES NOTO	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	NGS USED OF DEATH? NO
18 s	MEDICAL CE	210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 210 INJURY OCCURR	AUSE OF DE	P.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	RT I OR PART 2)	
	MED	WHILE NOT WHI	K .		REET FACTORY, OFFICE, FA		21F. LOCATION STREET	CITY OR T		COUNTY	STATE
em 21 is m		22a I certify that X saw the decease abave, X (we) (d	(this haspi d alive an id) (d) X X 0	NOVEMD (e deceased from 198. after death.	L , or	DER 12, 1981 nd that in (Ny) (our) opinian c DEGREE	to November , to			
ANT		27st PHYSICHAS NA	ME ITYPE C	Buni	, MO.		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	AFF ICIAN 🗹	11-1	
MPORT	22. 7			Busse,		1115 OF -	9000 Franklin		Baltim	ore, M	D 21237
_	(URIAL, CREMATION, P BURIAL INERAL DIRECTOR	REMOVAL	11/20			AND MEMORIA	L 23d. LOCATION CITY OF TOWN BALTO EREC'D, BY RESISTRA		ALTO.	STATE
1/81	et i'C	Joly Co	ul	121	Il chesa	co A	M	OV 1 7 1981	Mani	AR S GNAT	Wartlen

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STATE

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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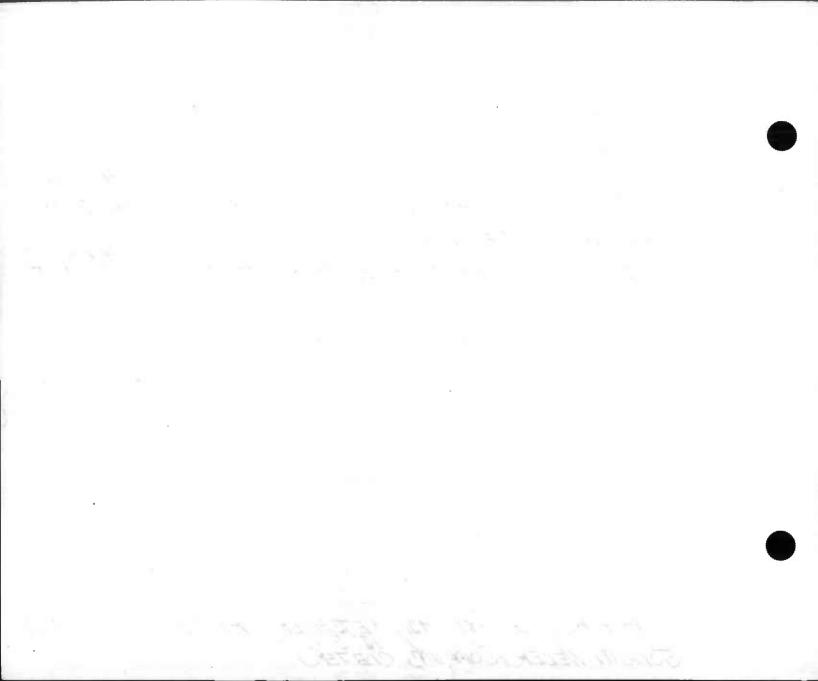
HOUR5

EAST

NO [

STATE

IF UNDER 74 HRS



FOR - STATE

STA	ATE OF M	ARYLAND	
DEPARTMENT OF	HEALTH	AND MENTAL	HYGIENE
CEPT	IEIC ATE	OF DEATH	

STATE OF MARYLAND	-
EPARTMENT OF HEALTH AND MENTAL HYGIENE	4
CERTIFICATE OF DEATH	

1	0	13	3	1
2	8	U	3	1

REGISTRAR		CERTII	ICAILOI	DEATH	REG. N	10.		
DECEASED NAME FIRST	MIDDLE		LAST		2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P
ANNA		BR	ONZ		NOVEMBER	28.	1981	10:45
SEX	4 RACE	5 DATE	OF BIRTH		6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	CAUCASIAN	9	26	1900	81	YRS	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	8Y? 8.	D NEVER	ALABBIED [9. BALTIMORE CITY	OR COUN	TY OF DEATH	
NEW YORK	U.S.A.	WIDOWI		NORCED []	BALTIMORE	COUN	VTY.	A
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		TITUTION	12ª USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS O
RANDALLSTOWN	BALTIMORE COUN	TY GERI	ERAL HO	SPITAL	HOUSEWI		LIFE) INDUSTRY	
3a STATE 13b CO		NWC	113d INSIDE	ITY LIMITS?	13e. STREET ADDRESS			
	LTIMORE PIKESV	ILLE	YES 🗌	NOXX	904 BITTE	RSWEE	T ROAD	21208
FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER	S MAIDEN NAA	AE MIDDLE		LA:	ST
UNKNOWN	COMANDE	R	BES	SIE			UNK	YOWN
(WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMA	ANT	ADDR	ESS	212	
NO	119-20	-3384	MRS.	BETTY B	LICKMAN 90	4 BIT		
PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING T	O DEATH BUT			NAL DISEASE OR CON	20b. IF Y	ES, WERE FINDI	NGS USED
					YES NO		TIFYING CAUSES	OF DEATH?
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	DAY YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211. LOCATR STREET	JN .	CITY OR TO	WN	COUNTY	STATE
saw the deceased alive of	potal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	81_, or	DEGREE	ATTENDING	medical STAL	FF		
220 PHYSICIAN'S NAME (TYPE	E OR PRINT)	5	22e ADDRES		DIRECTOR PHYSIC	IAN [1010	2(8/
EDWAR	D KALLINS, MD.			6000 PA	ARK HEIGHTS	AVE	21215	
BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	. NAME OF C	EMETERY OR		23d LOCATION			
RIIR TAT	11 70 01 L	JEDDEM	VOLING	MEN	CITY OR TOWN	D. E.	COUNTY	STATE

DHMH-16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dira should be detached for use as the burial-transit permit. Then please remove corbonpapers Pages 1 and 2 should be filled within 72 hau

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. af Health and Mental Hygiene prior ta burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

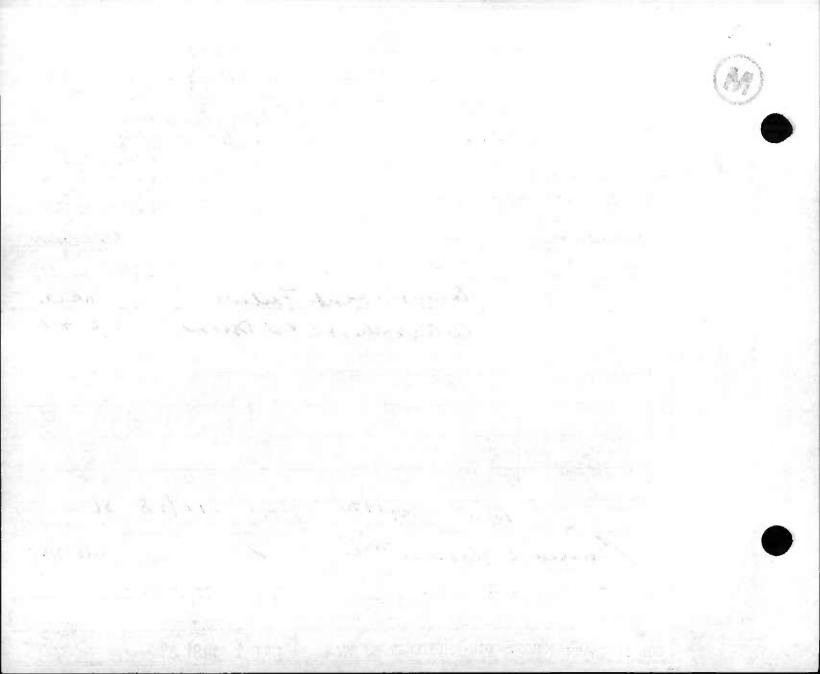
injury, or ather traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours afte

retained by the hospital or attending physicion.

24 FUNERAL DIRECTOR
SOL LEVINSO N & BROS. 6010 REISTERSTOWN ROAD

N BALTIMORE MARYLAND 250. DATE REC'D. BY REGISTRARY 255, REGISTRARY SIGN 1981



executed within 24 hours after

/	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY HICATE OF DEATH	GIENE B	2	8 0	3 8
		CEASED NAME FIRST	MICOLE		LAST	20 DATE OF DEATH	MONTH OA		26 HOUR
5		MARY	ELLEN	BR	OOKE		11 16	81	A. M
1	3. SE	X	4 RACE	5 DATE (6. AGE (IN YEARS LAST BI		UNDER YEAR	IF UNDER 24 HRS
	+	Female	White	9	25 1896	85	YRS.	DATS	HOURS MIN.
1	70. B	IRTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	FDEATH	
10		aryland	U.S.A.	WIDOWI	DIVORCED		ore Cit	·y (_	O MD.
00	E	altimore	746 Aldwor	th Road	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemaker	OF WORKING LIFE	126 KIND OF INDUSTRY	BUSINESSOR
35	Ma	eryland		PENCE BEFORE ADMISSIONS Y OR TOWN timore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 746 Aldwor	th Road	212	22
30		ATHER'S NAME FIRST Peter		Dolan	15 MOTHER'S MAIDEN N	WIDOLE		Bua	k
1		WAS DECEASED EVER IN U.S. AR	VE WAR OR OATES!	CIAL SECURITY NO.	17. INFORMANT	ADDR	ESS		
		NO	215	-76-8835	Virginia L.	Emory 746	Aldwor	th Roa	d 21222
		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A C		NOT RELATED TO THE TER	MINAL DISEASÉ DE CON	IDITION GIVEN	IN PART ILO	
	Z	NIA	too	religion	not rela	1. /			
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION I	R WHICH OPERATIO	n was performed	720a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING	GS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	ONTH DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUI (AT HOME STREET, FACTO	RY. OFFICE, FARM ETC)	21f LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		22s I certify that It (this haspi saw the declased alive an above of (ve) (did) (did no	//	19 01	nd that in (my) (aur) opinion	to n death occurred on the d	ote and hour o		not (I) (we) last ouses stoted
	,	THE SIGNATURE FRANCE FRANCE	- for		ATTENDING PHYSICIAN 170 ADDRESS	MEDICAL STA	FF CIAN 🕟	22c. DATE S	IGNED
The state of the s		Homes !	Lovs	C 110	Suite 200 F	ine Heights	Bldg.		
	23a E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 11/19/81		emetery or crematory wn Gar. of M	CITY OR TOWN	n Pk.	A.A. C	o. Md.

Burial 11/19/81 Crestlawn Gar

Property Burial 11/19/81 Crestlawn Gar

Balto, Md. 21229

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

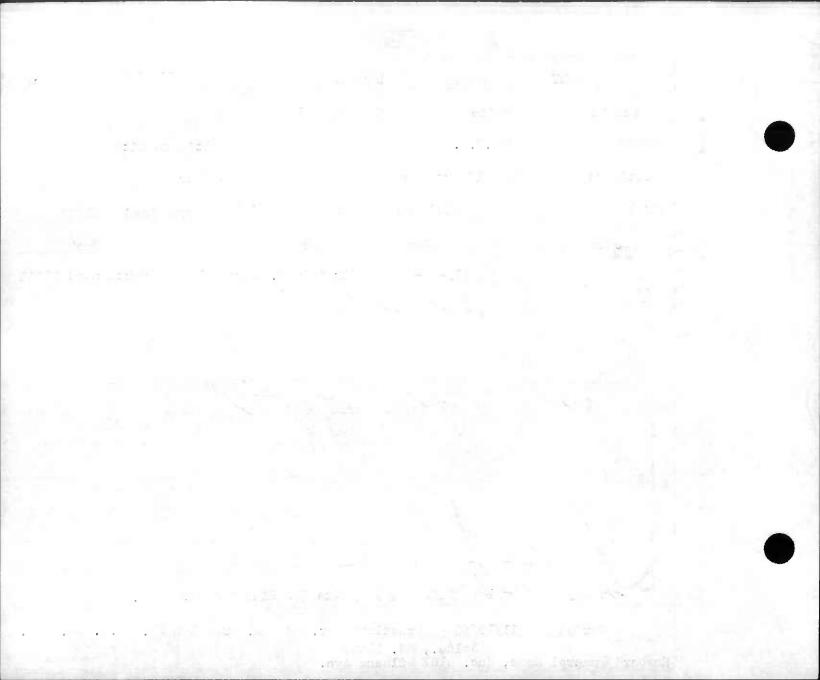
DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low TO FUNERAL DIRECTOR: After this certificate has be

retained by the hospital or

BP.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 hours retained by the hospital or attending physician.
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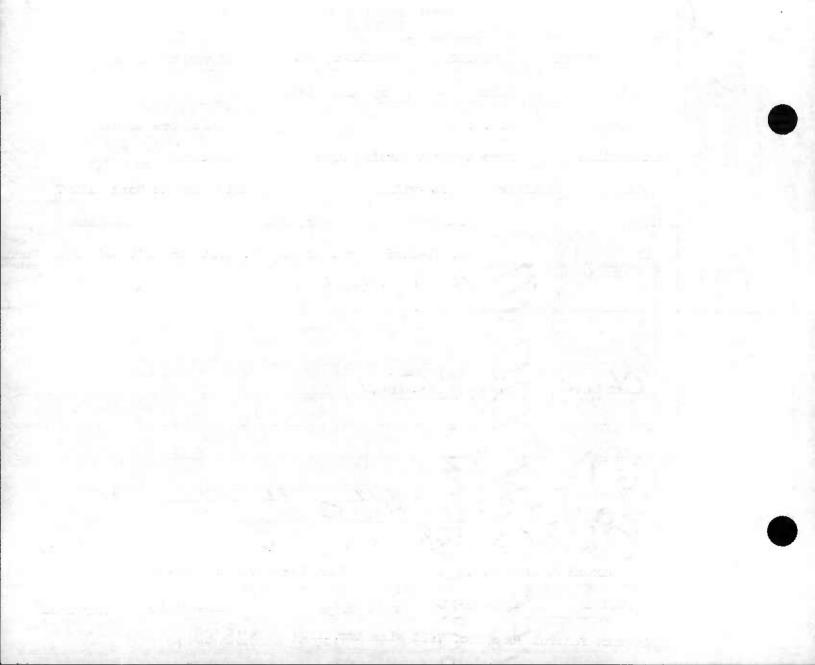
STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

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6	1.	- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. I	NO		
	1 DE	CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	TYPE	WILLIAM	VII	NCENT	BROO	KHART, SR.	Novemb	per 21	, 1981	
1	3 SE	X	4 RACE		5 DATE O		6 AGE (IN YEARS LAST B	BTHDAY]	IF UNDER I YEAR	IF UNDER 2
/		Male	White	9	May		73	YRS	MONTHS DAYS	HOURS
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.		MARRIE		9 BALTIMORE CITY Baltin	orcounty more Co		
90		atonsville	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET ST Haven	ADDRESS)	or other institution ing Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Plaster	OF WORKING LIF	12b. KIND C INDUSTRY	F BUSINES
35	130 5	AL RESIDENCE (IF NURSING HOME STATE 136 CO) ryland Ba	OR OTHER INSTITUTION UNITY ltimore	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Catonsv	/N	13d INSIDE CITY LIMITS? YES NO TO	13e STREET ADDRESS	rett R	oad 21	.207
30		ATHER'S NAME FIRST eorge	MIDDLE	Brookhart	T.	15. MOTHER'S MAIDEN NAM FIRST Margaret	ME		Jackso	n
1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO.			17. INFORMANT	ADDR			
		No No	DATES)	217-07-8	3225	Mrs. Frances	M. Hartson	ck 811	7 Del H	laven
		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)_	R AS A CONSEQUE						
	TION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN:	DUE TO, OI	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM				
9	RTIFICATION	gove rise to immediate cause (ar, stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OI (c) (C) (C) (D) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	R AS A CONSEQUE	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF	, WERE FINDIN YING CAUSES S	4GS USED
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99		gove rise to immediate cause on stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE LIHER NOTHY MEDICAL EXAMIN 21d. INJURY OF CURRED WHILE NOTHINE AT WORK 22a.1 certify that (I) (this has	DUE TO, OI CONDITIONS CO 19 CONDITIONS CO HOUR A P.,. 21e. PLACE (ATHOME, STR	PAS A CONSEQUE CONTRIBUTING TO E FINJURY M. MONTH DA M. DF INJURY EET. FACTORY, OFFICE, FACTORY, OFFICE, FACTORY e deceosed from	DEATH BUT OPERATIO AY YEAR 19 ARM ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 10 d that I (Im) (our) opinion of	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES IN CERTIF' YES	COUNTY	NGS USED OF DEATH NO STA
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BP. DHMH - 16 50M 1/81 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other troumotic event, the medical

MPORTANT: If Item 21 is marked or Item 18 shows

23	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	NE B	NO.
	1. DECEASED NAME FIRST	MIDDLE LAST 20	DATE OF DEATH	MONTH
	(TYPE OR PRINT)	5		

REGISTRAR			ERTIF	ICATE OF DEATH	REG. NO.			
1. DECEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY Y	EAR 26 HOUR	
BROD	TS/ MI	ARTHA	C	•	11-30-81.		4-45	FM
Female	4 RACE W			12, 1908 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS:		AIN.
Carroll Co. Md.	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	Baltimore CITY OR COL	INTY OF DEA		MD.
Randallstown	Balto	ch facility, give street addr co. Co. Gen.	Ho	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	ING LIFE) 12b. KI	IND OF BUSINESS STRY	OR
Md. STATE Md.	OR OTHER INSTITUTION	Reisterst		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 5 Main Str	eet		
14 FATHER'S NAME William	MIDDLE	owan LAST		15. MOTHER'S MAIDEN NAM		Beltz	LAST	
16a WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	216-03-29'		Mrs. Mae D. S	ADDRESS Starrett Fin	ksburg,	Md.	
PART I. DEATH WAS CAUSED BY. [MMEDIATE CAUSE (o)] Conditions, if any, which gover rise to immediate cause (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								în
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH OPE	RATIO	N WAS PERFORMED	20a AUTOPSY? 20b. I YES NO NO	F YES, WERE FI ERTIFYING CAI YES [INDINGS USED USES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF: LIF EITHER, NOTIFY MEDICAL EXAMI	NER) P.	M. MONTH DAY M. OF INJURY	19	211. LOCATION	ED (ENTER NATURE OF INJURY IN ITE		11-	
AT WORK AT WORK	AT WORK AT WORK							
sow the deceased alive	22a.1 certify that (I) (this hospital) attended the deceased from 19 50, 19 50, that (I) (we) lose sow the deceased alive on 19 50, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED							
22d PHYSICIAN'S NAME (TYP		SHAF		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN C		30-81	
23a. BURIAL, CREMATION, REMOV.	AL 23b. DATE	23c NAMI	E OF CE	EMETERY OR CREMATORY	23d. LOCATION			

BP____

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR
Eline Funeral Home F

Burial

Dec.3,81

Reisterstown, Md. 21136

Finksburg Cemetery Finksburg,

burg, Md.

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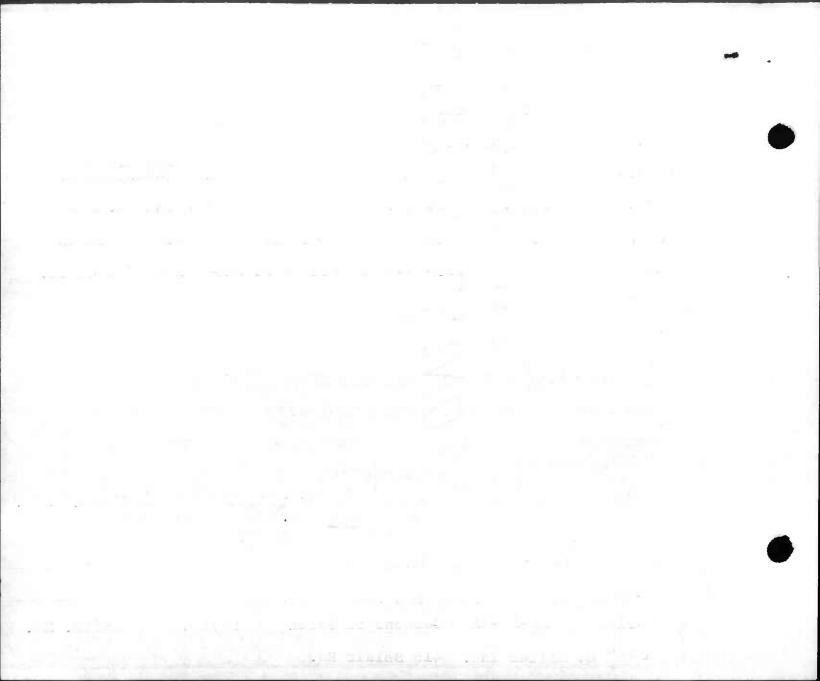
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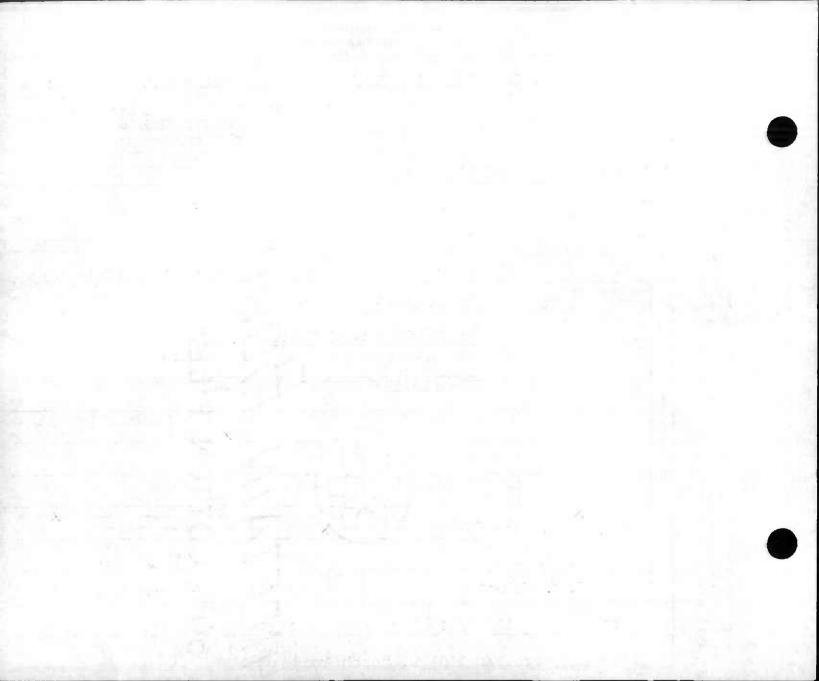
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours afterioned by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending phy
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	1.	FOR STATE REGISTRAR	DEPARTA	CERTII	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	2 3	0 4 2
. m.e		CEASED NAME FIRST	MIDDLE	130	LAST	2a. DATE OF DEATH	MONTH DAY YEA	2b HOUR
oy be page 3		VALE			OWN	November		10.06a ^M
1	3, SE		4 RACE	5 DATE (6 AGE (IN YEARS LAST BIR	MONTHS D	YEAR IF UNDER 24 HRS
10 (10 M)	7	female RTHPLACE (STATE OR FOREIGN	black 75 CITIZEN OF WHAT COUNTRY?		1 3 1981	A DALLY HARD STAY O	YRS. 10	
5		Md Md	USA	WIDOW		Baltimore		MD.
hour affet d in the be filled with	Ва	ltimore	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Franklin Squ	lare		12a USUAL OCCUPATI {TYPE OF WORK FOR MOST O		ID OF BUSINESS OR
filler filler	13a. S	Md Sun	TY 3.6 CITY OR TOWN Baltimo	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 47 Abler	rge Lane	
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n ond co			MED FORCES? 16b. SOCIAL SECU WAR OR DATES)	RITY NO.	17 INFORMANT	ADDRE		
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equires that the death certify in signed by the attending plane corbang to burial, cremation, or reminjury, or other traumatic eve	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) Sepsis WI DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF th Ad NCE OF		Ede	ma	ſ lio
he low re on. hos been t permit. I rene prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
rySician: Their physicians is certificate buriol-transit Mental Hygir or Item 18 sha		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART I OR PART	2)
IG PHYS ottending ter this c s the bur n and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ALOR ATTENDIN the hospitol or ALDIRECTOR: Af etoched for use o etoched for use of the Dept. of Health i: If Item 21 is mo		22a. I certify that X (this hospital sow the deceased alive on above, X (we) (did) (durinot 22b. SIGNATURE		31, or	Degree 18 , 19 81 Attending (our) opinion d Degree ATTENDING PHYSICIAN PHYSICIAN	, to Novembe eoth occurred on the do	22c. Q	the couses stoted ATE SIGNED
TO HOSPITAL (TO FUNERAL I Should be deto with the Store I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR J. M. N	iehoff		22e ADDRESS 9000 Frankl			
75 7 2 2 2	23a. B	URIAL, CREMATION, REMOVAL	The state of the s		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	11/21/81 We	stvi	lew Mem Park		ville	and.
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR	ADDRESS		11/	NEC'D. BY REGISTRAR	28H REGISTRAR'S SIGN	ATURERANDA
	Wi	Iliam C. Marc	ch F/H 1101 E.	Nor	th Ave N	J 4 2 0 1301		



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MPORTANT: If Item 21 is marked or Item 18 shows any

8728 Liberty Rd. Randallstown, Md. 21133

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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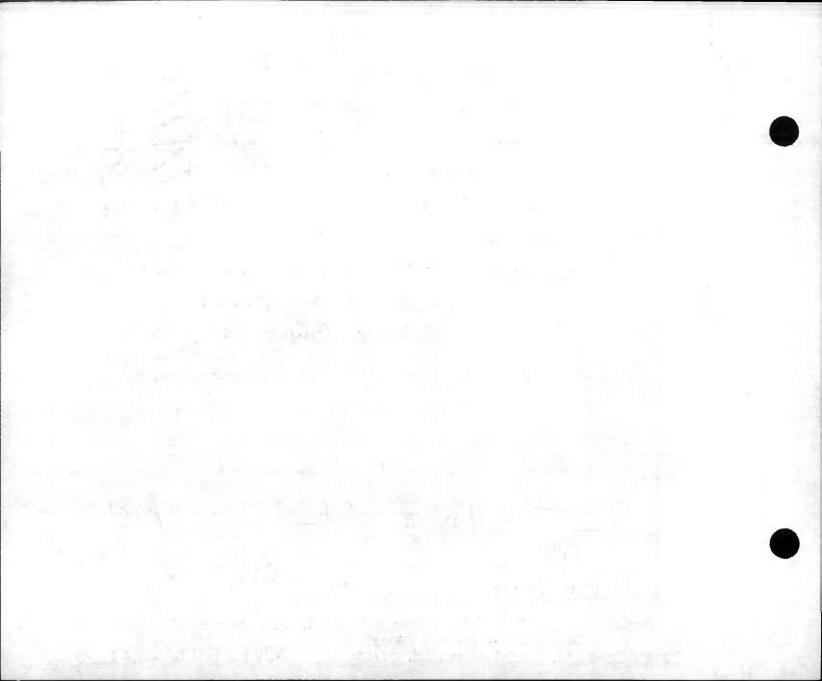
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Rose Emma Burch S. Date of birth S. Date of birth Mar. 17, 1920 S. Date of birth Mar. 19, 1920 S. Date
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Female Caucasion Mar. 17, 1920 61 VRS.
The Distribution of the Country of Death and Coun
Mary Land U.S.A. WIDOWED DMORCED BALTO. COUNTY MEDICAL PROBLEM 112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 122. USUAL OCCUPATION 123. KIND OF BUSINESS OR (P. NO IN SUCH FACILITY, ONE STREET ADDRESS) 134. UNISING HOME OR OTHER INSTITUTION 123. KIND OF BUSINESS OR (P. NO IN SUCH FACILITY, ONE STREET ADDRESS) 134. UNSIDENCE WAS INDEEDED TO WARRING WAS INCOME. 123. CITY OR TOWN 134. UNSIDENCE WAS INDEEDED TOWN 135. MOTHER'S MAIDEN NAME 145.
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136 STATE 136 COUNTY Balto. 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 3604 Patterson Ave. 14 FATHER'S NAME 1451 15 MOTHER'S MAIDER NAME 1651 165 MOTHER'S MAIDER NAME
FATHER'S NAME
Frank Kimme Imann Julia Berlin 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT AD864 Patterson Ave. (IF YES GIVE WAR OR DATES) 213-16-6557 Mr. George E. Burch Baltimore, Md. 21207 18 CAUSE OF DEATH Enter only one couse per line for 10: 16, and 17 PART I, DEATH WAS CAUSED BY: Conditions, if any, which gover ise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost (b) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO HICHOPSY? YES NO HOLD THE CERTIFYING CAUSES OF DEATH? YES NO PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO HOLD THE CERTIFYING CAUSES OF DEATH? YES NO PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO HOLD THE CERTIFYING CAUSES OF DEATH? YES NO HUNKNOWN! 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO HOLD THE CERTIFYING CAUSES OF DEATH? YES NO HUNKNOWN! 197 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO HOLD THE CERTIFYING CAUSES OF DEATH? YES NO HUNCNOWN! 198 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO HOLD THE CERTIFY HOLD T
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OR CONTRIBUTING CAUSE OF DEATH HOOK A.M. MOTTH
G (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P,M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK
22a. I certify that (I) (the hospital) attended the deceased from 6, 19-3, to 123-98, that (I) (we plast sow the deceased alive on 1 22 19-3, and that in (m) (we plast above, (I) (we plast above, (I
22b SIGNATURE DEGREE 121c DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11 25781
226 PHYSICIAN'S NAM (TOTAL) 226 ADDRESS CO. ALL N. C.A. THO
MYO THANT GOT PRANTELINA DE 2123 7
230 BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 230 LOCATION
23a BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTY Arranded MD

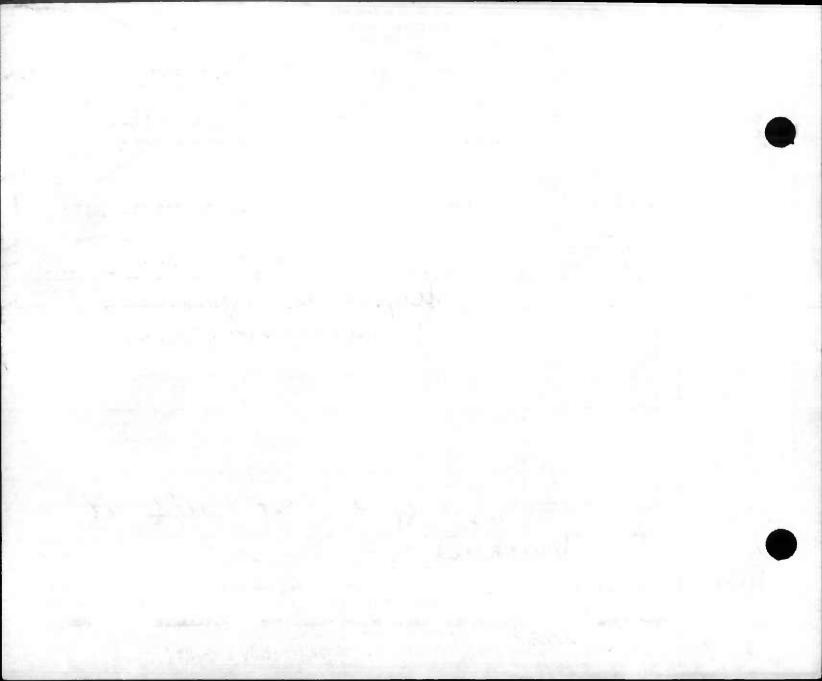
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO HOSPITAL OR



	1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 REG. NO.	28044
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Howard	Edward	BURNS	Nov. 9, 1981	3:45 P _M
	3 SE	Male	4 RACE White	5. DATE OF BIRTH MONTH DAY 2/17/1907	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER YEAR IF UNDER 24 HRS
35	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED NO DIVORCED	9 BALTIMORE CITY OR COUN Baltimore Cou	
54	1	andallstown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Balto. Count	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
33	USU 13a Ma	AL RESIDENCE (# NURSING HOME OR STATE ATYLAND ATHER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFORM TY 136. CITY OR TOV Baltimo	RE ADMISSION) WN 13d. INSIDE CITY LIMITS? PTE YES X NO 1 15 MOTHER'S MAIDEN NA		
\$OC		Edward	Burns	Irma	WIDDLE	Unknown
the medica		Yes Navy	MED FORCES? 166 SOCIAL SECTION OF DATES 17 217.01.7	7523 Raci	hael Klinefelte ve., Reistersto	
injury, or other frou	NOI	Conditions, if any, which gave rise to immediate cause (an), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION C	SIVEN IN PART I O
Auo sma	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
Tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM II	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE
Z 1 15 mg		220.8 certify that (I) (this haspite saw the deceased alive on_ above, (I) (we) (did) (did nat	view the body after death.		death occurred an the date and h	, 19 , that (I) (we) last aur and from the causes stated
H Ren		226. SIGNATURE	elgrum	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED 11/10/1981
		22d. PHYSICIAN'S NAME ITHE OF	CAUTA COM	22e ADDRESS		
1		Daniel Wilfson	, M.D.	3502 W. Roge:	rs Ave., Balto.	, Md. 21215
		BURIAL, CREMATION, REMOVAL (SPECIFY) remation		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE Maryland
В1	24 FI	Iter Brooks Brace	15	25a DATI	FREC'D. BY REGISTRAR 256. REGISTRAL	



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 1

23d. LOCATION CITY OF TOWN

250. DATE REC'D. BY REGISTRAP 250 PEGISTRA

2 8 0 4

1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	0			
		FURST	MIDDLE		LAST	REG. N		DAY YEAR	26 HOUR
1111	SONA	FLA	nosay	Bus	DOTS	novembs.	2 11.	1981	
SE	X	4. RACE	1111211	5 DATE (OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
FS	MALE	WH	iTE	8 -	23-1910	71	YRS.	MONTHS DAYS	HOURS MIN.
lo. B	IRTHPLACE (STATE OR FORE	FIGN 76 CITIZE	OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
3	ARYLAND	V.	S. A.	WIDOW	_	BAITIMA	RS 1	-dunt	4 MC
10 C	ITY OR TOWN OF DEATH		E OF HOSPITAL, NUI		OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIF		OF BUSINESS OR
N T	AL RESIDENCE HE NURSING	HOME OR OTHER INSTIT	UTION GIVE RESIDENCE BI	FORE ADMISSIONS	K HVI.	1 HT HOS	25		
		COUNTY .	PARKY		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	MCL	IFF	ROAD
14 F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME MIDDLE			
6	STER		FLANNER	24	MARY	WIDDLE	C	RZIGH	iTon
	WAS DECEASED EVER IN	U.S. ARMED FORG		ECURITY NO.	17 INFORMANT	ADDRE	SS		
	Do	IF IES CIVE WAR ON DA	(E3)		FAMILY	REZOROS			
	Conditions, if ony, w gave rise to immed cause (a), stating underlying couse	hich liote the DUE 1	o, or as a conse b) CONG o, or as a conse	ESTI	VE HEAD	et fail	URE	2	
z	PART 2 OTHER SIGNIF			TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	OITION GIV	EN IN PART I	0
CERTIFICATION	19a DATE OF OPERATIO	N 196 C	ondition for wh	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	
	2]0. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU: (IF EITHER NOTIFY MEDICAL)	SE OF DEATH HOL	ME OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P.	ART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HO	A CE OF INJURY ME, STREET, FACTORY, OFFI	CE FARM, ETC)	21f. LOCATION STREET	CITY OR FO	VN	COUNTY	STATE
	220.1 certify that (1) (the saw the deceased cabave, (1) (we) (did) 22b. SIGNATURE			9 8 , or	, 19, 19	, to, death occurred on the do		and from the	
	22d. PHYSICIAN'S MAME	Clas	car.	M.D.	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	CI /	18/8/
	(S) AR		RRA		22e. ADDRESS	DAFARA R	200		

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the haspital

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and comparely tilind should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages | and 3 the should be detached for use as the Bott of Health and Mental Hygiene prior to burial, cremation, or removal.

medico

injury, ar other traumotic event, the

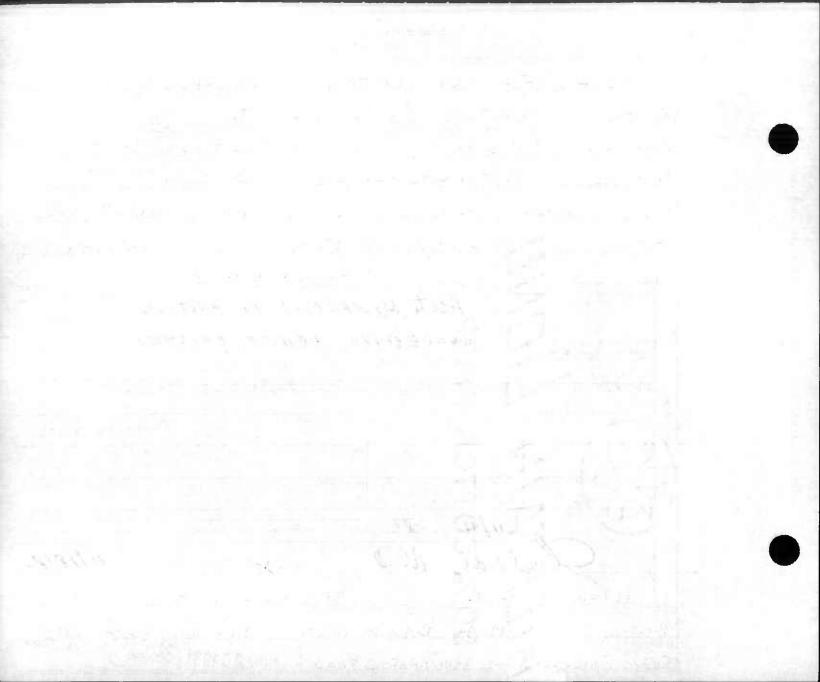
IMPORTANT: If Item 21 is marked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

24 FUNERAL DIRECTOR

23b. DATE

FUNZRAL LHAPZL 8800 HARFORD



5	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 8 0 4 C CERTIFICATE OF DEATH REG. NO.						0 4 5
		CEASED NAME FIRST	WIDOLE		LAST		2a. DATE OF DEA	TH MONTH	OAY YEA	29. 11001
	(1177)	ENA	MYRTLE	BUS	SARD			11	20 8	31 a M
	3. SE	X	4 RACE	5-DATE			6 AGE (IN YEARS LA	ST BIRTHOAY)	IF UNDER 1 Y	EAR IF UNDER 24 HRS
	-	Female	White	20NT	23	02	79	YRS		TS HOURS MIN.
81		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER	MARRIED []	9 BALTIMORE CI			
8		W. Va.	USA	WIDOWI	-	VORCED	Balt	imore	County	MD
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II	NG HOME		TITUTION	12a USUAL OCCL	PATION	12b KIN	D OF BUSINESS OR
W.	. 1	Woodlawn	2203 Southland	Road			Housew	ife	UFE) INDUST	1 Home
\$ \$\tag{1}		STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 131. CITY OR TOVE	VN	13d INSIDE C	ITY LIMITS?	13e STREET ADDR 2203 SO	uthlan	d Road	
The Park	14 F	ATHER'S NAME	MIDOLE LAST			S MAIDEN NA				
250		Willie	Shrader		Ju	ilia	MID)LE	Shar	DIAST
medicol		WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES		17 INFORMA	INT	A	DDRESS		
	,	No _	234-60-5	289	Mrs.	Edith	Collins	Same	as #13	
injury, ar other traumatic event, the		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), or ED BY UTE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS A CONSEOU (c)	lei	Ogr	ane	es b	ibro	ur	IDENIATE PITTRY AL EN CIPIET AND DEATH
njury, o	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING NO	DEALLER	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	110
ows ony	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF Y	ES, WERE FIN TIFYING CAUS YES	DINGS USED SES OF DEATH? NO [
or Hem 18 shows ony		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1	AY YEAR			RED (ENTERNATURE &	INJURY IN ITEM I	8 PART I OR PART	2)
is morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	FARM, ETC)	211 LOCATIO		CITY	OR TOWN	COUNTY	STATE
		sow the deceased alive or	ntal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	81,0	nd that in (my)	(our) opinion	, tadeath occurred on t	he date and h	aur and from	_, that (1) (we) last the causes stated
VT: If Item 21		27b. SIGNATURE	rahma	H			MEDICAL DIRECTOR PH	STAFF YSICIAN [27c. DA	ZO/8/
MPORTANT		122d. PHYSICIAN'S NAME (TYPE			22e ADDRES 9055	-	let Drive	Elli	cott C	ity, Md.

BP. DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remove corboi with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or re-

etained by the haspital or attending physician

24 FUNERAL DIRECTOR Witzke, P. 1630 Edmondson Avenue Witzke, P.A.

23a. BURIAL, CREMATION, REMOVAL

Burial

11/23/81

231. NAME OF CEMETERY OR CREMATORY Mountain View

23d. LOCATION
CITY OR TOWN

Marlinton

Poch.

W. Va

Catonsville, Md. 21228

NOV 24 1981

Prane Dan Harthan

The state on the state of the s requires that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

BP. DHMH - 16 50M 1. (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

page 3

1	1.	FOR STATE REGISTRAR	13 532	587	DEPAR	TMENT OF H	E OF MARYLANI IEALTH AND MEI ICATE OF DEA	NTAL HYGI		2	8 0	41
	I. DE	CEASED NAME	FIRST	_	MIDDLE		LAST		2a. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
		E OR PRINT)	TOUN	TA	MDTAV	CLA WITTE	SR. SR					
	3. SE	X	JOHN	4 RACE	TRICK	CAMPE 5 DATE O	للللثار		NOVEMBER AGE (IN YEARS LA		IF UNDER I YEAR	2:50 P
			9			MONTH	DAY	YEAR	60		MONTHS DAYS	HOURS MIN.
1/2	and the second	MALE IRTHPLACE (STATE OF	FOREIGN	WHITTHE Th CITIZEN OF	WHAT COUNTRY	MAY	37		69 BALTIMORE CIT	Y OR COUNTY	OFDEATH	
1/2		COUNTRY				MARRIE	D A NEVER MAR	RRIED 🗀				
0.4		NNSYLVANTA			HOSPITAL, NURS		DR OTHER INSTITU		BALT IMOR			MD OF BUSINESS OR
2:	TRO	RT HOWARD			CH FACILITY, GIVE STRE				(TYPE OF WORK FOR MI	OST OF WORKING LIF	POST	
e —	PUSU	AL RESIDENCE (IF NUR		OTHER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION		-/-			LEOST	OFFICE
3/5		RYLAND	13b COUN	IMORE	REISTER		13d INSIDE CITY		119 CHAT		A TE BUILDING TE A	
2 A		ATHER'S NAME	Inwin	11/10/103	Ingrates	DIOMI	15. MOTHER'S M			SWURTH	AYEMUE	
	9	James	M.	WIDDLE	Campbel		Rose	T	MIDD	Swo	De LAS	iΤ
0 /		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT		AC	DRESS		
medico		YES WWII						HOWARI	D. MD			
, the		18 CAUSE OF DEAT	H (Enter an	ly ane cause pe	r line far (a), (b), o	and ic						MATE INTERVAL ONSET AND DEATH
y injury, ar ather traumatic	TION	Conditions, if ony, which gave rise to immediate cause ia, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS.		DUE TO, CO (c) CONDITIONS C	OR AS A CONSEQ	VASCUL UENCE OF DEATH BUT		THE TERMIN				
wo sm	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
ds 81 may		21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	1111	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE OF			,,,,
rked or 1	MEDICAL	21d. INJURY OCCUR	HILE		OF INJURY REET, FACTORY OFFICE	E, FARM, ETC)	21f. LOCATION STREET		CITY C	RTOWN	COUNTY	STATE
T: If Hem 21 is mo		22a. I certify that (i) (this hospital) attended the deceased from AUGUST 2 saw the deceased alive an NOVEMBER 15 19 81 , and the above (b) (wa) (did) (did not view the body after death. DEG						NDING		e date and have	and from the	
MPORTANT.		JAI JOSE	Ц, М.	D.			V.A.M.	c. For	RT HOWARD			
		Burial, CREMATION (SPECIEV)	, REMOVAL	Nov.	18,1981		emetery or create the drail			more, M		STATE
81	1	UNERAL DIRECTOR NAME THE FUNER	AL HON	E 1182	ADDRESS PLANTED	ERSTOW	N RD.	25a. DATE I	V 17 198		1/0-	Wathen

아마트라도 PXP 내 시 등 부탁 내 제 . 중심니는 25년 전 15일 - 설치나 프로 Sport of a distance weeks 7 200 - 1205 Compared to the compared to th

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after deoth. Page retained by the haspital or attending physician.

DHMH - 16 50M 1/ (VRA 15, 4)

	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	8 0 4 8
	I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
de de		ABETH B.	CARROLL	NOV. 10	1981 _M
(Fer	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
o do	FEMALE	WHITE	SEPT. 28, 1905	76 YRS.	TOOKS MILE.
in 72 hou	Jo BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY USA	** ** ** ** ** ** ** ** ** ** ** ** **	BALTIMORE COUNTY BALTIMORE COL	
by the funeral dir	TOWSON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE TOWSON MULTI-M	ING HOME OR OTHER INSTITUTION ET ADDRESS) ET ADDRESS) ET ADDRESS OF THE INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE EXECUTIVE SECRE)	126 KIND OF BUSINESS OR INDUSTRY MED. SCHOO
stely filled in 3.2 should be in miner must be	USUAL RESIDENCE (IF NURSING HOME) 130. STATE MD.	OR OTHER INSTITUTION GIVE RESIDENCE BEFO DUNTY 13¢ CITY OR TO BALTIM	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5716 CHARLESTON	INE DR. 21212
2 sh	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		TPAS
1 3 DO	JOHN	P. BORNUTH	ELIZABE		MAISCH
ond co	160 WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES!		ADDRESS	
Pogn.	(YES, NOOR UNKNOWN) (IF YES.	220-36-	5321 DR. WILLIAM	J. CARROLL 5716 (CHARLESTOWNE DR.
en signed by the ottending it. Then please remove carbon or to burial, cremotion, or rey injury, or other traumatic eviluary.	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last		UENCE OF DEATH BUT NOT RELATED TO THE TERM		
thos be	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
riol-tronsit antol Hygie tem 18 sho	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 I	ART 1 OR PART 2)
ter this os the burner of the	CIFE EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM EIC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Healt	saw the deceased alive	spital) attended the deceased from an 10/24 19 not) view the body after death.		death occurred on the date and hou	19, that (1) (we) last rand from the causes stated
TO FUNERAL DIRECT should be detached with the State Dept.	226. SIGNATURE 226. PHYSICIAN'S NAME (TVI	Marti	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED (8)
APOR	Hans J.	Koetter, M	D 7600 C	Isler Drive	21204
16 50M 1/81	230. BURIAL, CREMATION, REMOV (SPECIFY) BURIAL 24 FUNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY NAME OF CEMETERY OR CREMATORY 250. DA	23d LOCATION CITYOR TOWN BAITIMORE TE REC'D. BY REGISTRAB 250 REGIST	
RA 15, 4)	MITCHELL-WIEDE	FELD HOME 6500 YO	ORK RD. 21212 N	OV 13 1981 4	Drawn war

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*		FOR STATE	DEPARTMENT OF	ATE OF MARYLAND HEALTH AND MENTAL HY	GIENE 8	2 8	0 4 9
	1.05	REGISTRAR Ne.	Caton CERT	IFICATE OF DEATH	REG. NO		See Clay would
		CEASED NAME FIRST PRINT) Ellen	Ca	rton		MONTH 170AY 7 Y	981 //
	3 SE	Female	CAUCASIAN "	91 . 6 . 9	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS M
3/5		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	USA WIDON	NEVER MARRIED X	BALTO	COUNTY DEPTH	Tre Count
90	10. C	Baltimore LIMOKE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) EDGE WOOD NURSIN	11	TYPE OF WORK FOR MOSTO	ON 12b. KI F WORKING LIFE) INDUS SON RE	IND OF BUSINESS STRY Sale
BI		TATE Md. Bal		13d. INSIDE CITY LIMITS? YES NO	3303 ss/	Marnat	Road
130	(4. F/	THER'S NAME FIRST Michael	J. Caton	15. MOTHER'S MAIDEN NA Ann	WIDDIE	13.4	LAST O'COF
the medical		VAS DECEASED EVER IN U.S. AR ES, NO OF UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECURITY NO VEWAR OR DATES) 216-01-28	17 INFORMANT	ADDRE Sachs	Same as	13
In portion, cremation, ary	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BY	ARTERIOSC DI NOT RELATED TO THE TERA	D. 12 RUSIS- MINAL DISEASE OR CONE	DITION GIVEN IN PA	RT 1(o)
109	CERTIFICATION	IN DATE OF OPERATION	19% CONDITION FOR WHICH OPERATI	DN WAS PERFORMED	18€ AUTOPSY? YES □ NO□	20s. IF YES, WERE F IN CERTIFYING CA YES	
ded or New 18 th	MEDICAL CER	\$18. ACCIDENT WAS UNDERLYING [OF CONTRBUTING [IF HITHER HOTHY MODICAL EXAMINED WHAT [ON OTHER [AT WORK [AT WORK [AT WORK [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [OTHER [RED (ENTER NATURE OF PHUR ETTY OF TOY		
hem 21 is mo		taw the decised alive on	ital) attended the deceaped train 19	ond hat in (m/) (our) opinion DEGREE ATTENDINGS	death occurred on the do	276. 0	that (II (we)

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Patrent's Chart EDGENOOD HEST HOME

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NI TELE

Daniel Versellen von 1535 er rellende Francis Holman

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician. and campletely filled in by the funeral directorages 1 and 2 shauld be filed within 72 haurs a

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medicol

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows any

STATE OF MARYLAND

8

1.	FOR - STATE REGISTRAR X	C 5237	847	DEPARTA		HEALTH AND MENTAL HYC FICATE OF DEATH	SIENE 8	2	8 0	5 0
	CEASED NAME	FIRST		MIDDLE		LAST	28 DATE OF DEATH		DAY YEAR	26 HOUR
		GEORG	E :	HENRY	CHA	MBERS	NOVEMBER	7, 198	31	8:40 A
3. SE			4 RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	MALE		WHITE		JÜN	E 2, 1918 -	63	YRS.		
	IRTHPLACE (STATE COUNTRY)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED DI	9 BALTIMORE CITY			
10 C	ITY OR TOWN OF I	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND O	OF BUSINESS OR
	FORT HOWA		V.A.M.		HOWAR	D, MARYLAND	TAXI CAB			
13a S	AL RESIDENCE OF N STATE MARYLAND	136. COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9806 TAI	LSPIN I	ANE	
PE	RCY CH	HAMBE	MED FORCES?	LAST		ODA ESTE	WIDDLE	MER	LAS	ŞT.
180 V	YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216 18 9		CLINICAL RECO	RD, VAMC, I	FORT HO	WARD,	MARYLANI
CERTIFICATION	Conditions, if o gove rise to couse (a), ste underlying course CHRONIC	immediate ating the use lost. IGNIFICANT (OBSTRU	DUE TO, O (c) CONDITIONS CO	ULMONARY	NCE OF DEATH BUT	NOT RELATED TO THE TERM SE, ISCHEMIC N WAS PERFORMED		ASE 1206. IF YES,	WERE FIND IN	NGS USED
CERTIF	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY					21c. HOW INJURY OCCURI	YES NO.	YES		NO []
	OR CONTRIBUTING			M. MONTH DA M.	Y YEAR					
MEDICAL	21d. INJURY OCCU	WHILE	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a I certify that	eased alive an	NOVEMB	ER 7	CTOBE 81	nd that in (my) (our) opinion	NOVEMBE to	,		that (I) (we) fast
	tuarayes				DEGREE ATTENDING PHYSICIAN [MEDICAL STA	CIAN C	11/7/	SIGNED /81	
	Md. PHYSICIAN'S		THE PARTY OF THE P			VAMC, FORT	HOWARD, MA	RYLAND	21052	2
84	BURIAL, CREMATIO (SPECIFY) PIAL		NOV.	10, 81 HO	. 11	EMETERY ON CREMATORY		MD.	COUNTY	STATE
	NAME NAME	SONS	F.H.	200 MAC	E F	AVENUE NO	V 1 0 1981	256 REGISTR	AR'S SIGNATI	Wather

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detoched for use as the burial-transit permit. Then please remove carban-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

THE CALL CLICK STREET, AND STREET, MAIL AND THE PARTY OF THE PERSON WAS AND ADDRESS OF THE STREET TO BE BUT IN THE BUILDING BOOK OF LINE CONTROL OF THE SAME PRIVATED

(TYPE OR PRINT . SEX BIRTHPLACE 14 FATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (0), stating the underlying ₫ Then CERTIFICATION 2 190. DATE OF OPERATION å per uriol-tronsit certificote Нув 8 OR CONTRIBUTING T CAUSE OF DEATH 6 Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER ō 21d INJURY OCCURRED

FOR - STATE REGISTRAR

DECEASED NAME

FIRST

ISTATE OR FOREIGN

couse

NOT WHILE

WHILE

4 RACE

COUNTY

MIDDL

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE

166 SO

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH
DIE	LAST 2- DAT

REG. NO DATE OF DEATH MONTH YEAR 2b. HOUR 8 AGE (IN YEARS LAST BIRTHDAY) DAYS HOURS

DATE OF BIRTH DAY MIN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME 12b. KIND OF TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME FIRST HONTH METASTATIL DUE TO, OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR

NONE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY

HOUR A.M. MONTH DAY P.M 21e PLACE OF INJURY

21f. LOCATION STREET CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

AT WORK AT WORK 220. | certify that (I) (the house of ottended the deceased from, 81 sow the deceased alive on. and that in (my) and opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not view the body ofter death

DEGREE ATTENDING . MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224. PHTY510 AN'S NAME ITYPE OR PRINT

6805 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY Burial 11/27/81

Sater's Cemetery

COUNTY Falls Rd. & Saters Ln.

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

Balto. REGISTRAR 254 REGISTRAR SAIGNATURE

22c DATE SIGNED

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

FUNERAL DIRECTOR

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should be detoched with the State Dept.

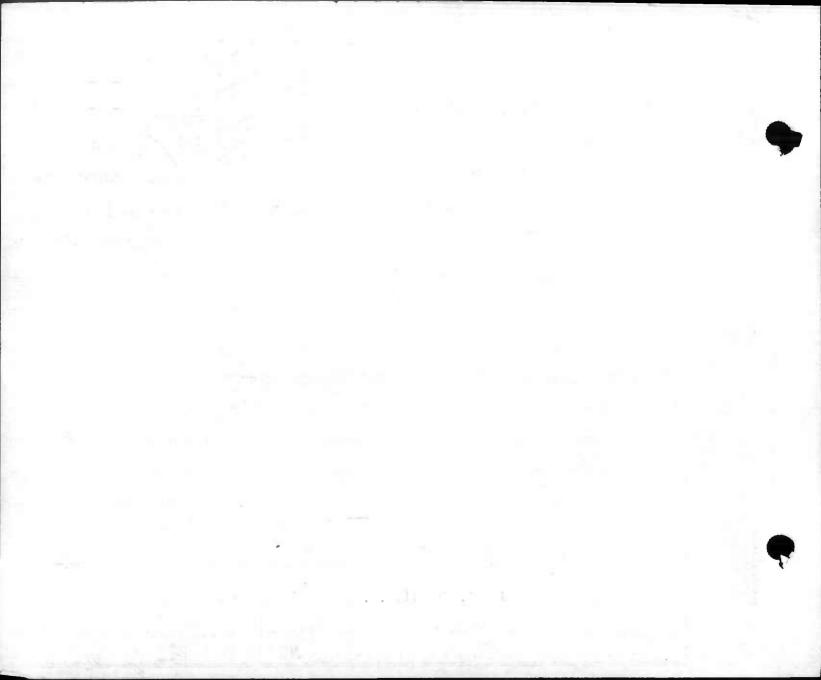
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DEC1412 August Services

REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	4 2 7 PM 12
	3 0 5 3
(TYPE OR PRINT)	DAY YEAR 26. HOUR
WALTER FRANCIS CLABBY DEATH MATED 10-	31-89
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1.0	E . 00
70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 18	TY OF DEATH
POREIGN COUNTRY) NEW JERSEY U.S. R. WIDOWED DIVORCED Baltimore Cou	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
Parkville 7811 Aiken Avenue	RAILROAD
USUAL RESIDENCE (IF IN NUM HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STREET ADDRESS	A
11. FATHER'S NAME 12. MOTHER'S NAME 13. MOTHER'S MAIDEN NAME	415.
30 WILLIAM J. CLABBY CLORIA C. HE	IND ERITOR
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	-11124711110
no 213 68 4774 FAMILY RECORDS	
18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Propoxyphen intoxication	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9800 IMMEDIATE CAUSE (a) 11 OPONY PITCH INTO THE PROPERTY OF T	
Canditians, if ony, which gove rise to immediate (b)	
couse (a) stating the <u>under-</u> lying couse last. DUE TO, OR AS A CONSEQUENCE OF	11 11 11 11 11 11 11 11 11 11 11 11 11
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	- 45
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	20. AUTOPSY?
	YES W NO
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21I. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	UNTY STATE
220 Certify that I took charge at the remains described above, held an Autopsy L.X. Inspection Inquiry , and in my op death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner X.	inion
Aloue Aloue Title (SPECIFY)"	
SIGNATURE GUYANE THE GOLD M.D. ASSISTANT MEDICAL EXAMINER SIGNE	D_11-1-81
EXAMINER'S NAME	
(TYPE OR PRINT) Margarita A Koroll M.D. ADDRESS 111 Ponn Street	ity
(TYPE OR PRINT) Margarita A Korell M.D. ADDRESS 111 Ponn Stroot 230. BURIAL, CREMATION, REMOVAL 230. DATE 231. NAME OF CEMETERY OR CREMATORY COUNTY OR TOWN COUNTY OR TOWN	o. Mo.
(TYPE OR PRINT) Margarita A Korell M.D. ADDRESS 111 Ponn Street 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY OR TOWN	o. Mo.



tar page 3

executed within 24 haurs after death. Page 4 may be

TATE OF MARYLAND	STAT
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DEPARTMENT OF HEALTH AND MENTAL HYCIENE

8050

	FOR 1 - STATE REGISTRAR	DEPARTA		HEALTH AND MENTAL HYG	REG. NO.	8 0 5 4		
	I DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR A DO		
	(TYPE OR PRINT) Mildr	ed Emma	C	lark	November 11,	1981 8:10 AM		
1	3 SEX	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS		
	Female	Caucasian	Marc	ch 13, 1905	76 YRS	MONTHS DAYS HOURS MIN.		
1	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH		
2	Maryland	USA	WIDOWI	ED DIVORCED	Baltimore Co	ounty MD.		
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)		120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIF			
1	Catonsville AUSUAL RESIDENCE (IF NURSING HOME O	507 Lee Drive		1228	Housewife	Home		
	Maryland Bal	timore Catons	N	YES NO X	507 Lee Driv	ve 21228		
a	14 FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE	LAST		
J	Maurice			Helen		Smith		
	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		17 INFORMANT	ADDRESS			
1	No N/A	216-16-9	9800	Mr. Edward	Vernon Clark	Same as # 13		
ĺ	18 CAUSE OF DEATH Enter of	nly one couse per line to (a), (b), and	dic	1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1	IMMEDIA							
-	1539 DUE TO, OR AS A CONSEQUENCE OF							
1	Canditions, if any, which	(p)						
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
1	DADT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	NEATH BUT	NOT BELLIED TO THE TERM	NAME OF THE PROPERTY OF THE PR			
	Z O	CONDITIONS CONTRIBUTING TO D	ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PARI I/a		
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSS OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OF CHAPTER	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED		
7	TIE .					FYING CAUSES OF DEATH?		
2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	V VEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE	AIR	19					
	21d INJURY OCCURRED	THE PLACE OF INJURY	ADAR ETC 1	21f. LOCATION	CITY OR TOWN	COUNTY STATE		
	S with a street a	n / I i i i i i i i i i i i i i i i i i i	- 1	0 5-	1	5		
	724.1 certify that (I) whis hosp	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,5	19 80	to	19		
	saw the decented wine the	at tries the body wher death	S or	nd that (my) (our) opinion o	death accurred on the date and hou	r and from the causes stated		
1	DIASIGNATURE	M M		DEGREE	WED1011	22c. DATE SIGNED		
	V MAN	H Show the	2	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/11/81		
1	17d PHYSICIAN'S NAME ITTING	CALLED TO THE PARTY OF THE PART		22e ADDRESS				
	DIANA H	1 COPPLEE TH			NES HOSPITA	L		
	230. BURIAL, CREMATION, REMOVAL	The second second		EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE		
	Burial			nepherd Ell	Licott City, H	T - 7 7 7 7 7		
	24 FUNERAL DIRECTOR	ADDRESS		rick Rd 250 DATE	V 1 6 1981 REGIST	RARSSIGNATURALINA		
	MacNabb Funera	11 Home Caton	svil	le, Md.	V - 0 1001 p/w			

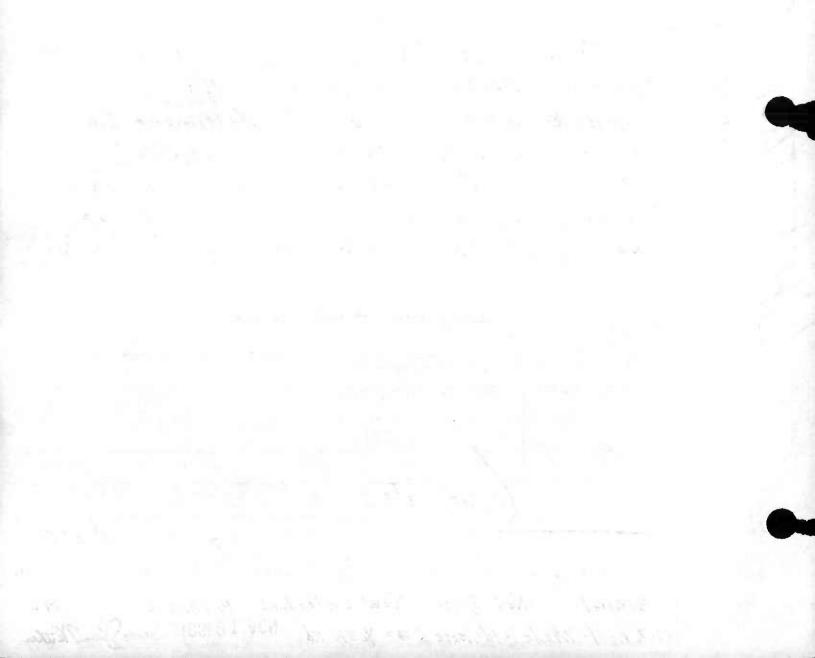
DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled would the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

Line of the state



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

retained by the hospital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filed within 72 him with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR STATE			DEPART	MENT OF H	EALTH AND A	MENTAL HYG	IENE 8	ž.	2	8) 50
REGIS 1. DECEASED (TYPE OR PRINT	NAME FIRST		MIDDLE	Ł	AST OOK		20 DATE OF D	REG. NO	MONTH	DAY YEAR 08 81	26. HOUR 1:30 A
3. SEX		A. RACE CAUCAS	IAN	S. DATE C	F BIRTH	YEAR O5	6 AGE LINYEAR	RS LAST BIRT	YRS.	IF UNDER 1 YEAR	R IF UNDER 24 HRS
COUNTRY)		U	WHAT COUNTRY?	WIDOWE		ORCED [IMBI	RE C	OUNTY	MD
TO	WSON, MD.	GBMC-8	HOSPITAL, NURSIN	CHAR		ITUTION	120 USUAL OC TYPE OF WORK FO HOMEN	AKE	N WORKING EI	IFE) 12b. KIND INDUSTRY	OF BUSINESS OR
USUAL RESID 130 STATE M	D. Wroun		13c. CITY OR TOW	N	13d. INSIDE CI	NO MAIDEN NAM			STER	FIELD	AVE.
FR	ANK CEASED EVER IN U.S. AR	MIDDLE	BROAT			MARY		MIDDLE	35 O T		LARK
(YES, NO.O		/E WAR OR DATES)	212-09-				K (SOI			N, MD.	COURT 21204 XMATE INTERVAL ONSET AND DEATH
N N	lying cause lost. 2. OTHER SIGNIFICANT (TE OF OPERATION	CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	not related		INAL DISEASE C		20b. IF YE	VEN IN PART I S, WERE FINDI FYING CAUSE:	INGS USED
00.501	CIDENT WAS UNDERLYING THE STREET	HOUR A.	DF INJURY .M. MONTH DA	AY YEAR	21c. HOW IN.	JURY OCCURR	YES N	E OF INJUR		PART 1 OR PART 2)	NO 🗌
WHILE AT WORL	JURY OCCURRED NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATIO	N	(ITY OR TOW	/N	COUNTY	STATE
so	ertify that (1) (this haspi w the deceased alive er lave, (1) (we) (did) (Ald no GNATURE	tal) attended b	deceased fram 19		DEGREE		, to death accurred o			22c. DATE	ESIGNED
	YSICIAN'S NAME (TYPE OF STEPHEN S	IEGEL	, M.D		22e ADDRESS GBMC-	-6701	MEDICAL DIRECTOR D	RLE			08/81
23e. BURIAL,	CREMATION, REMOVAL Burial	23b. DATE 11/			and M	em. Pa		Balt	imor		State Md
24 FUNDAY	Burial	11/	AL HOME	-	and M		rk I	Balt		`e	TURE

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	REGISTRAR				
	EASED NAME OF PRINT)	MIDDLE I	CERTIFICATE OF DEAT	REG. NO. 2a DATE OF DEATH MONTH	11 1 11 27
3. SEX	male	RACE white	5. DATE OF BIRTH MONTH TULY 10. 18	000 X.5	IF UNDER LYEAR IF UNDER 24
	WAY YOU WAS TO SEE	USA	MARRIED NEVER MARRIE	Batto	. County
	Rand	NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS) CONV. /X	TYPE OF WORK FOR MOST OF WORK	ING (IFE) 126. KIND OF BUSINESS
	md Ba		15. MOTHER'S MAID	6508 Sy	Kesuille Rd
16a. W	Samuel (AS DECEASED EVER IN U.S. ARMI	Cool ED FORCES? IM SOCIAL SEC	CURITY NO. 17 MES MAY	ie/R Coll , "8508	Sandér's Sykesville/Rd.
/X/X	NO 18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), (/ XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Sykesviide, Mid.
		DUE TO, OR AS A CONSEO	UENCE OF	PROSTRATE	YEARS
	A	MERIUSCE	FROTIC CIV.	DISTASE 200 AUTOPSY? 1N CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
-		21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		YES NO
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STA
	sow the deceased alive an	1//// 19		77	hour and from the causes state 22c. DATE SIGNED
	Martin 5. 22d. PHYSICIAN'S NAME (TYPE OR P	. Shotel	M D, ATTEND PHYSIC	ING MEDICAL STAFF	
	MARTIN URIAL, CREMATION, REMOVAL BUT 1a1	23b. DATE 23c		TORY 23d LOCATION	rederick, Mary
	WEDICAL CERTIFICATION 19. SILE 19. CLI 19. CL	10. CITY OR TOWN OF DEATH 11. COLMAN 10. CITY OR TOWN OF DEATH 11. FATHER'S NAME FIRST Samuel 14. FATHER'S NAME FIRST NO 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 19a DATE OF OPERATION 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (1) (this baseled sow the deceased alive on above, (1) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR F	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STREET 130. STATE 14. FATHER'S NAME FIRST Samuel 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (b), (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEO Conditions, if any, which gover rise to immediate cause [a], stofting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTE	A. RACE S. DATE OF BIRTH DAY S. DATE OF BIRTH DAY OR SHEET S. DATE DAY OR SHEET DAY D	S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. AGE (IN YEARS LAST BRITHODAY) S. S. DATE OF BIRTH S. DATE OF

A STATE OF THE STA DATE AND DESCRIPTION All the contract of the first of the contract in the state of th and a second of the second

8	-5	1-	FOR XC 224 STAYE REGISTRAR	28 9361 DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 1 2	8 0 5 8
一号	(1)		CEASED NAME FIRST WALTER	THOMAS CO	PELAND	NOVEMBER 20, 198	25 HOUR 1 6:10 P
3e 4 mar	ectal do	3. SE	X IALE	A RACE BLACK	FEBRUARY 15, 192		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
eoth. Pos	nerol direct in 72 hours o		RTHPLACE (STATE OR FOREIGN COUNTRY) TRGINIA	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED . WIDOWED DIVORCED [BALTIMORE COUNTY BALTIMORE COUNTY	
rs ofter d	by the fu	F	ORT HOWARD	NOT IN SUCH FACILITY, GIVE STREET A.M.C., FORT	HOWARD, MARYLAND	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	128. KIND OF BUSINESS OR INDUSTRY
AND 213	filled in	13a S	AL RESIDÊNCE (# NU STATE [ARYTAND]	r other institution, give residence before NTY 13c. CITY OR TOW BALTIMOI	N 134 INSIDE CITY LIMITS? YES X NO	2511 SHIRLEY AV	3NUE
MARYLAND ted within 24	ompletely	3	alter	MIDDLE Capiland	M. Heart	MIDDLE BY	onelast
BALTIMORE,	s. Poges	-	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G KOR	IVE WAR OR DATES)	9361 CLINICAL RE	COPLONDRESS 25/	WARD, MARYLAN
201 W. PRESTON ST., BAL	d by the ottending physici lease remove corbon poper ial, cremation, or removal. or other troumatic event, th		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUI (b) UPPER GAS DUE TO, OR AS A CONSEQUI (c) HEPATIC I	ENCE OF ETROINTESTINAL BLE ENCE OF FAILURE (MICRONOD)	ULAR CIRRHOSIS)	BETWEEN ONSET AND DEATH ONE DAY FIVE DAYS
	been signe mit. Then pl prior to bur ony injury, (CERTIFICATION	PART 2. OTHER SIGNIFICANT RENAL F. 190 DATE OF OPERATION	AILURE	DEATH BUT NOT RELATED TO THE TE		WERE FINDINGS USED ING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentending physicion.	buriol-transit per Mental Hygiene or Item 18 shows	MEDICAL CERTIFIC	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DA	AY YEAR 19 211. LOCATION	YES NO YES	NO []
DIVISION ATTENDING PE	ECTOR: After the d for use os the 1.1. of Heolth and m 21 is marked a	ME	now the deceased alive a	oital) oftended the deceased from _	OCTOBER 14 19 81	to death occurred on the date and hour	
OSPITAL OR	UNERAL DIRE d be detoched the Stote Dept RTANT: If ther		224 PHYSIC AND NAME OF	M M	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		11/21/81

DHMH - 16 50M 1/81 (VRA 15, 4)

FORT HOWARD, MARYLAND

MATORY

23d. LOCATION
CITY OR 100

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SPI	10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in thy the fundation bage 3 should be detached for use as the burial-transit permit. Then please remave carbanpopers. Pages 1 and 2 should be find an intermediate with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, arremaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be marked or Item.
HO	Da to OR
0	Or Short
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	8	REG.	NO.	2	8	U	
LAST	2a. D	ATE OF	DEATH	MONIH	DA	Y Y	/EAR	
dner	1	Vove	mbe	r 17	. 1	981		

7	1.	REGISTRAR			CERTII	FICATE OF DEATH		REG. NO.		
		CEASED NAME FIRST William W		Cordner		LAST		of DEATH MONTH		2b HOUR
	3 SE	х	4 RACE			OF BIRTH		N YEARS LAST BIRTHDAY	IF UNDER I YEA	AR IF UNDER 24 HRS
		Male	White	9	Jan	. 2, DAY 1923 YEAR	58	V	RS MONTHS DAY	S HOURS MIN.
J		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIN	MORE CITY OR COU		
B	1	aryland	U.S.A	A.	WIDOW		_ TO.	altimore (County	MD.
0	10 C	Towsen				valescent		LOCCUPATION PRESENTATION CENTRE	12b. KIND INDUSTR	OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSIA) HOME STATE VIO.		GIVE RESIDENCE BEFOR 13c CITY OR TOV Baltime	VN.	134 INSIDE CITY LIMITS?	? 13e. STREE	JADDRESS 03 Coldspi	ring Lan	e
0	14 FA	Thomas H. C	ordner	LAST		is mother's maiden in the len	M. Ca.	thëart	l	AST
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS		
		No	TE TEAR ON DATES)	217 16 0	795A	Dorothy Ha	igen 51	3 Millwood	d Dr. Fal	llston, Md
	NOI	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEOU		NOT RELATED TO THE TE	rminal dise <i>a</i>	ase or condition	GIVEN IN PART	110
7	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	n was performed	20a AU		YES, WERE FIND RTIFYING CAUSE YES []	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALD.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	URRED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a 1 certify that (1) (this hope saw the deceased alive are above, (1) (we) (did) (did no		15 19	<u>81</u> , or	nd that in (my) (and opinion	on death occur	red on the date and	hour and from th	, that (1) (we) last e causes stated
		Massen C	Kowa	church	i ,		MEDICA	L STAFF		0-8/
		Dr. Mariar		wski		22e ADDRESS 8604 Ha	arford :	Road	Baltimor	e, Md.
		SURIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATOR		TY OR TOWN	COUNTY	STATE

Nev. 1981 Loudon Park Cemetery Burial 24 FUNERAL DIRECTOR ADDRESS Burgee Funeral Home Falls

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 2

111 contract OFF 11, 1 1 Mute ..., 1921 ... "a woll amount in Ten under the state of the stat lt or - lt or 1 3 1 . I - 1 if it is the constant of the c in the state of the second sec unil 1 ov.1 1 to tr alting, rl

	1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		2 5. NO.	8 0	6 0
,		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEAT	-		2b HOUR
			Horace	W.	Coster	1		November	27, 198	1	7:55a _M
	3 SE)	Male	4	RACE Whit	:e	5. DATE (uary 18, 1905	6 AGE (IN YEARS LA		ONTHS DAYS	IF UNDER 24 HRS
5		RTHPLACE ISTATE (COUNTRY) Maryland	OR FOREIGN 71	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	DEN NEVER MARRIED DIVORCED DIVORCED	Baltimore cit	_	F DEATH	MD.
7		TY OR TOWN OF D Rossville	DEATH 1		HOSPITAL, NURSIN HEACHTY, GIVE STREET IKTIN SQUA		OR OTHER INSTITUTION OSpital	12a USUAL OCCUI		12b. KIND O INDUSTRY Horn	Restaura
5	13a. S	AL RESIDENCE (IF NO STATE CYland	URSING HOME OR O 13b COUNT Balti	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Parkvil	V	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRE	ss illsway (Court	
0	14. FA	THER'S NAME FIRST Willian		DDLE	Costen		15 MOTHER'S MAIDEN NAM Beulah	MIDD	Ĭ.	Hayes	
		VAS DECEASED EVI VES NO OR UNKNOWN) NO		ED FORCES? VAR OR DATES)	166 SOCIAL SECUI 215-07-20		Mrs. Hazel (1317 Hi	llsway	Court
		18 CAUSE OF DEA PART I. DEATH	ATH Enter only WAS CAUSED IMMEDIATE	BY	Acute And	erio	r Myocardial 1	Infarction	1,	APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
		Conditions, if or gove rise to it couse to sto	mmediote	(b)			nock, Cardiopu	illionary /	Arrest		
		underlying cou		(c)	AS A CONSEQUE			<u> </u>			
	NOI	PART 2 OTHER SI	GNIFICANT CO	nditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM!	INAL DISEASE OR C	ONDITION GIVEN	IN PART 100	
2	CERTIFICATION	190 DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
7	AL CER	21a. ACCIDENT WAS LONG CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T (OR PART 2)	
0	MEDICAL	21d. INJURY OCCU		21e. PLACE (-	21f LOCATION STREET	СПУО	RTOWN	COUNTY	STATE

TO FUNERAL DIRECTOR: After should be detoched for use as the with the State Dept. af Health an BP.

uneral director, page 3 in 72 haurs after death

IMPORTANT: If Item 21 is marked or Item 18 sh Ronald Friedman, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 11-30-1981

sow the deceased alive on above, (we) (did) (as a

23t. NAME OF CEMETERY OR CREMATORY Black Rock

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL

9000 Franklin Square Drive 21237 23d LOCATION
CITY OR TOWN
Butler

Maryland

22c. DATE SIGNED

November 27,

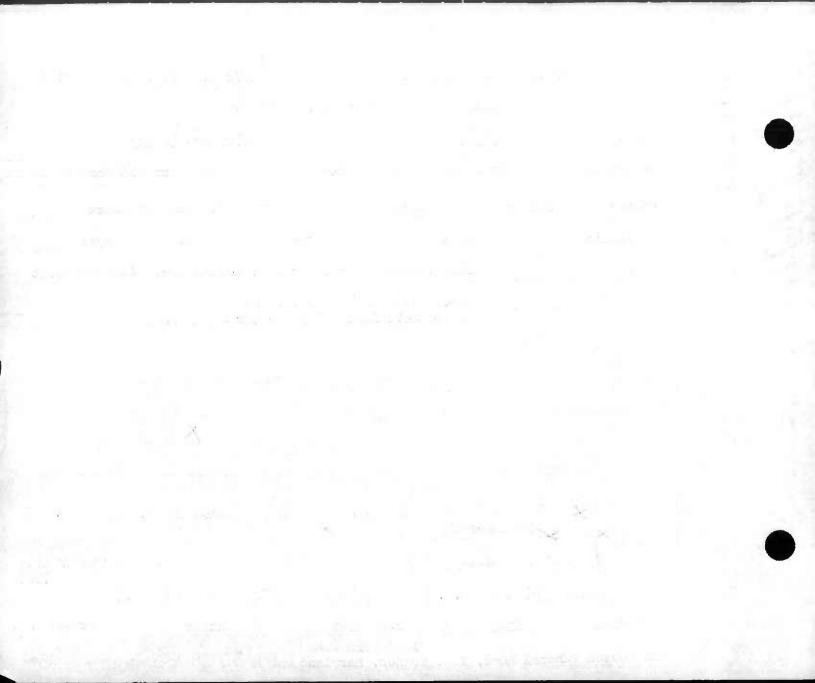
24 FUNERAL DIRECTOR

226. SIGNATURE

ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)



an ond campletely filled in by the fun rs. Pages 1 and 2 should be filed within

m 18 sha

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	4	2	8	0	6	1

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	D.		
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(ITP	PATRI	CK	JOSEPH	CO	UGHLIN, SR.	November	29,	1981	5:15E
3. SE	Х	4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	
	Male	Whi	te	Marc		81	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	_	9 BALTIMORE CITY O		Y OF DEATH	
	Maryland	U.S	.A.	WIDOW		Baltimor	e Co	unty,	MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATE		12b. KIND C	DE BUSINESS OR
	Towson		Josephs		ital	Machinis	t	INDUSTRY TO C	1
130	at residence (if nursing how state aryland Ba	Ltimore	13c CITY OF TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 8301-A	Loch	Raver	Blvd.
14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME		145	
	James	J.	Coughlin		Mary	Ann		Keavr	iey
	WAS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMANT	ADDRE			
	NO (IF YES		212-10-	<u>9579</u>	Agnes C. Co	oughlin Ba	ltim	bre, M	D 2123
	18 CAUSE OF DEATH Ente	r only one cause pe	r line for (a), (b), one	(c).)			, .	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		OIATE CAUSE (0)	acu	La 7	nyocaldi	al- motore	Acore	Mure	rites
	4100	DUE TO, C	R AS A CONSEQUE			-			
	Conditions, if any, which gave rise to immediate		Hypertes	rein	- seterio rela	whe C-Vh	usee	e 11+:	7w
	couse (a), stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF					
		(c)_							
z	PART 2. OTHER SIGNIFICAT	nt conditions <u>c</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	ITION GI	VEN IN PART 1	0 1
CERTIFICATION	190 DATE OF OPERATION	19b COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h JE VE	S, WERE FINDIN	VGS LISED
IFIC		1200				YES I NOTE	IN CERTI	FYING CAUSES	OF DEATH?
ER	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR			PART L OR PART 2)	NO []
	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DA	Y YEAR					
EDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				
₹	WHILE NOT WHILE O	(AT HOME ST	REET FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TO	/N	COUNTY	STATE
	220.1 certify that (1) (this ha			,	7-6 1970		-29	19.81	that (I) (we) last
	sow the deceased alive above, (I) (we) (did) (did	not view the body	0 = 22 19 8	<u>/</u>	d that in (my) (pinion	death accurred on the da	te and hou		4 . 4 .
	226 SIGNATURE	10 2/	Sile decim		DEGREE			22c. DATE	SIGNED
	Frederick	E. Use	liver,	my	ATTENDING PHYSICIAN	MEDICAL STAF		12-1	1-81
	22d. PHYSICIAN'S NAME (TY		,		22e ADDRESS		-		
	FREDERIC	CKUV	OLLMER		6100 401	RK. RD BA	7LTe	HOREM	D212121
02. 6	NIBIAL COSTANTION DE L'ON	I Table Barr	Ton		<u> </u>				- V

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DHMH - 16 50M 1/81 (VRA 15, 4)

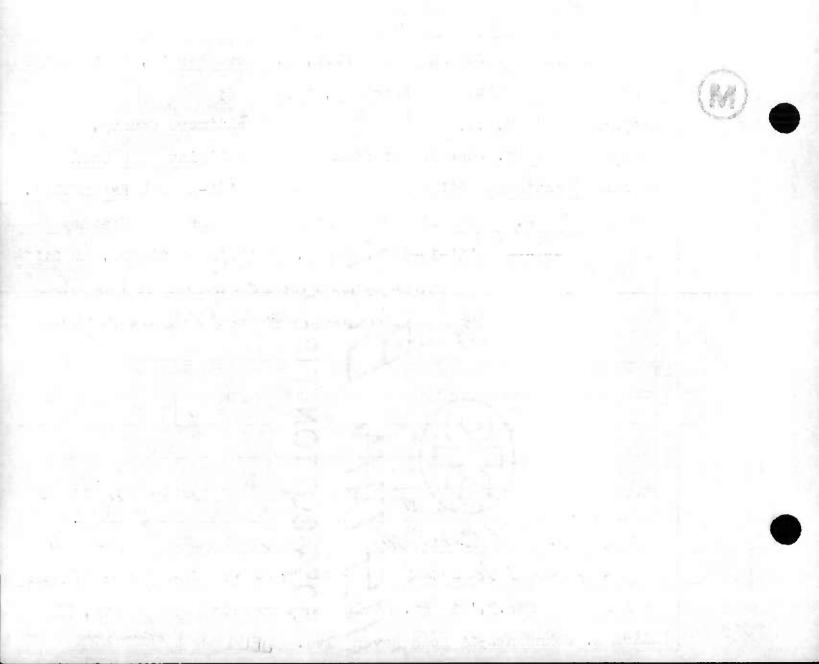
TO FUNERAL DIRECTOR: After shauld be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is

> Burial Dec.3, 81 74 FUNERAL DIRECTOR
> William E.

Mt. Maria Cemetery

atory 23d LOCATION CHYOTOWN 2 tery Baltimore County, MD 25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Johnson 8521 Loch Raven Blvd



21212

4905 York Road Balto., Md.

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

nert restricted the man of the committee of the committee of feature = f ise ei ii roint et es constil . The second of 11 E7 1 suish Valley Culto. Sunty len, un dine de sene Co.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the firms should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with it with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

	1 -	FOR STATE REGISTRAR	5-7		FICATE OF DEATH	GIENE 8	2 8	0 0
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY YEA	R 2b. HOUR
	(TYPE	OR PRINT) BUDDY	GENE	CUL	VER		11 6 8	
	3. SEX		RACE	5. DATE (6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 Y	
		Male	White	pril	2, 1931 YEAR	50	YRS	AYS HOURS MIN.
1	Cec	far Rapids, Iowa		MARRIE		Baltimore city of	County	MD.
7	Ros	ssville 21237	Franklin Sc		DR OTHER INSTITUTION	Steel Work		D OF BUSINESS OR R
6	13a. S	A RESIDENCE (IF NURSING HOME OR OT TATE Paryland Balti	MORE INSTITUTION GIVE RESIDE Y 13 CCITY MORE 13 CCITY	ence before admission) ex 21221	134 INSIDE CITY LIMITS?	13.155 Penne	tt Road	
	14. FA	THER'S NAME FIRETTANCIS JO	seph Culve	LAST P	Evelyn (LAST
	16a W	VAS DECEASED EVER IN U.S. ARME KOTES KOTES		30 2315	Juliette Cul	ber, Wife	Same	
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO		acute ME	· Vent ricula	ar Fibrilla	ition
	NO N	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERM	. 0.11	CINEMA	lia
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	- 1/0/11/09	200 AUTOPSY? YES □ NO ■	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	IDINGS USED SES OF DEATH? NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MOI P.M.		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		21f LOCATION STREET	CITY OR TOW	vn COUNTY	STATE
		220.1 certify that (1) this haspital saw the deceased alive an above, (1) (we) (did) (did nat) of the control o		19 <u>81</u> , or	nd that in (my/ (aur) opinian	death occurred an the da	te and haur and fram t	that ()(we) last the causes stated
		22b. SIGNATURE	Shull	er a		MEDICAL STAF	F	TE SIGNED
		22d. PHYSICIAN'S NAME (TYPE OR PI			5400 Ola	Court 1	2d Rand	allstown
	23a. B	urial, cremation, removal	11/9/81	23c NAME OF C	EMETERY OR CREMATORY S of Faith Ce			
	24.FU	Min X	July	ADDRESS OF A TO		E REC'D. BY REGISTRAR 2	7 ()	ATURE ON Then
	Bus	izdzinski runera.	1 Home PA 1	TAOY OTG E	astern Ave.	NOV 9 1981	CRANCES >	soul was

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director, page 3 nous after death

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STATE OF MARYLAND

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1	FOR STATE REGISTRAR			DEPART		EALTH AND MENT ICATE OF DEAT			6. NO.	4 6 4) 0 4
	CEASED NAME E OR PRINT)	FIRST		WIODIE		AST		20. DATE OF DEAT		OAY YEAR	25 HOUR
		Irving		rederic		Dailey		Novembe	- 1 7	1981	12,20,
3 SE	X	1	RACE		5. DATE C	OAY. Y	EAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	
Ma	ale		Whit	e	8 8	- 16 -	02	79	YRS		
	IRTHPLACE (STATE	ORFOREIGN	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRI	ED []	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	aryland		U	.S.A.	WIDOWE			Baltimo	re Co	unty	M
1	altimor		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	e other institution	-	120 USUAL OCCUP (TYPE OF WORK FOR MO Truck d	ST OF WORKING	LIFE) INDUSTRY	
13a	AL RESIDENCE IF STATE aryland	13b. COUN	Y	GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltimo	'N	13d. INSIDE CITY LIA		13e STREET ADDRE 205 Mar		venue	
14. F	ATHER'S NAME FIRST		IDDLE	Dailey		15. MOTHER'S MAIL FRST FRST		MIDD	V	an Vee	n.
	WAS DECEASED E TYES, NO OR UNKNOWN NO	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	217-05-		I7 INFORMANT Elaine	D. I		dress 05 Ma		
	Conditions, if gove rise to cause (a), so underlying co	IMMEDIATE IMMEDIATE ony, which immediate toting the buse lost.	BY: CAUSE (0) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	alc	0	incir	ene	nu	XIMATE INTERVAL ONSET AND DEATH
NOI	PART 2 OTHER :	SIGNIFICANT CO	ONDITIONS CO	O & T	DEATH BUT	NOT RELATED TO THE	TE TERM	INALDISEASE OR C		JEW	0
CERTIFICATION	198. DATE OF OPI	ERATION	19b. COND	TION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERT	ES, WERE FIND! TIFYING CAUSES YES [
	21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEAT	H	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCC		21e. PLACE			211. LOCATION STREET		CITY.C	RTOWN	COUNTY	STATE
	220.1 certify tho							, to leath accurred on th			that (I) (we) lost

Gardens

ATTENDING PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL Burial

22e. ADDRESS

23d LOCATION
CHYOR TOWN
Baltimore

Balto.

BP.

TO HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene priar to burial, cremotian, ar removal.

injury, ar other troumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

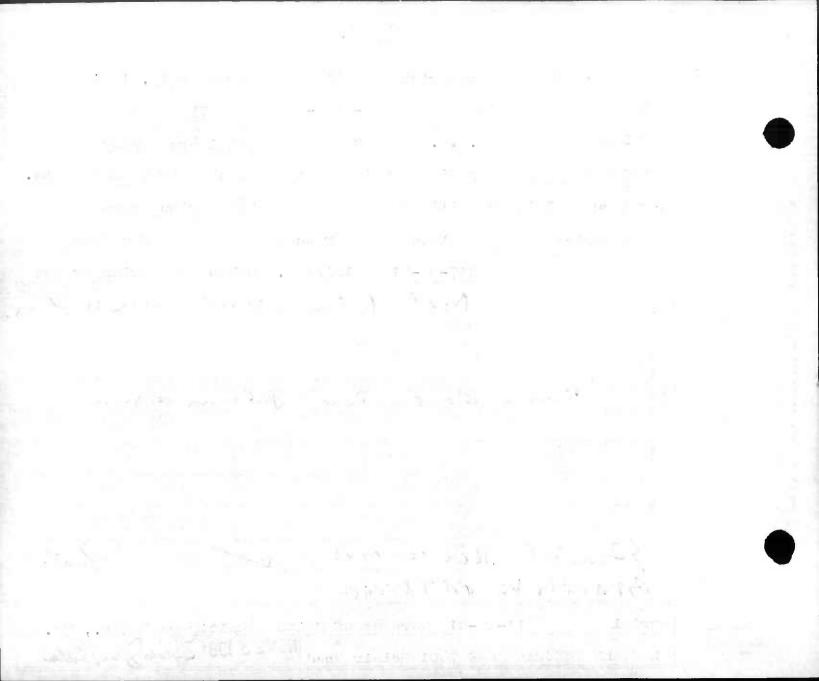
or attending physicial

24 FUNERAL DIRECTOR
LASSAHN FUNERAL HOME 7401 Belair Road

11-20-81

23b. DATE

of Faith



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TO MOSPITAL OR ATTENDING PHYSICIAN. The kaw requires that the death certificate be executed within 24 hours other death. Page 4 may be elamed by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this servicore has been ugand by the attending physician and completely falled in by the family hand by the despect for uses the businstrainst permit. Then please remove corbonardents. Fagers I and 2 should be filled within the best of the complete of the com	MPORTANT If Item 21 is marked or them 18 shows any injury, or other froumatic event, the medical apprincipant be notified.
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STATE OF MARYLAND	2-3	1	9	8	11	6	20
EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		·	filas	0	Test.		
CERTIFICATE OF DEATH		REG. NO.					

	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	6-	8	Ö	3
	1. DECEASED NAME FIRST	WIDDIE		LAST		MONTH DA	Y YEAR	26 HOUR	?
		RGIA		ARRIN	11-		81	114	DMM
	3. SEX	4 RACE	S DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER LYEAR	IF UNDER 2	4 HRS
	Female	White		. 5, 1902	78	YRS.			, , ,
>	TO BIRTHPLACE , MATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		ED NEVER MARRIED	9 BALTIMORE CITY O				
	Canada 10 CITY OR TOWN OF DEATH	USA NAME OF HOSPITAL, NURSIN	WIDOW		Baltimo		Inty 126 KIND OF	DUCINE	MD.
2	Towson	Holly Hill Man	or N	ursing Home	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	1 Ho	
<	UAL RESIDENCE IN NURSING IOME OF STATE 120 COUNTY	NTY Baltim	N	13d INSIDE CITY LIMITS? YES 🛛 NO 🗌	13e STREET ADDRESS 4401 Wic	kford	Road		
-	14. FATHER'S NAME FIRST	MIDDLE MS1		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST		
9	George	Robinson		Kisiah		Yat			
,		VE WAR OR DATES)		17 INFORMANT	ADDRE	SS			
٩	No I	165 26 3		Marc Darri	n		Sa	ame	
		DUE TO, OR AS A CONSEQUE	NCE OF	nkry desection	rascular a	Usease	Sev.		
2	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	CONDITIONS CONTRIBUTING TO D			NAL DISEASE OR COND	20b. IF YES, V	VERE FINDING		12
4	21g ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		Tal- How his are accused	YES NO	YES [_	NO 🗌	
i	- T	HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211, LOCATION					
1	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TOV	٧N	COUNTY	STA	TE
	220.1 certify that (I) (the hospe saw the deceased alive on	tal) attended the deceased from	6 - 51 or	nd that in (my) lovel apinion d	eath accurred on the do	19. te and hour a	. the	at (I) (we	e) last
	Whill O	Sman		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	22c. DATE SI		
		. Ossman, M.I		22e ADDRESS 1101 St. P.	aul St.,	Balto.	, Md.		
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION	c	OUNTY	STA	TE .
	(SPECIFY) Burial			Ridge	Pikesvi			ylar	nd
	24 FUNERAL DIRECTOR Henr 4905 York Pead	y W. Jenkins & Balto., Md.		IS CO.	1 9 1981	CARCO	100	Marth	lane

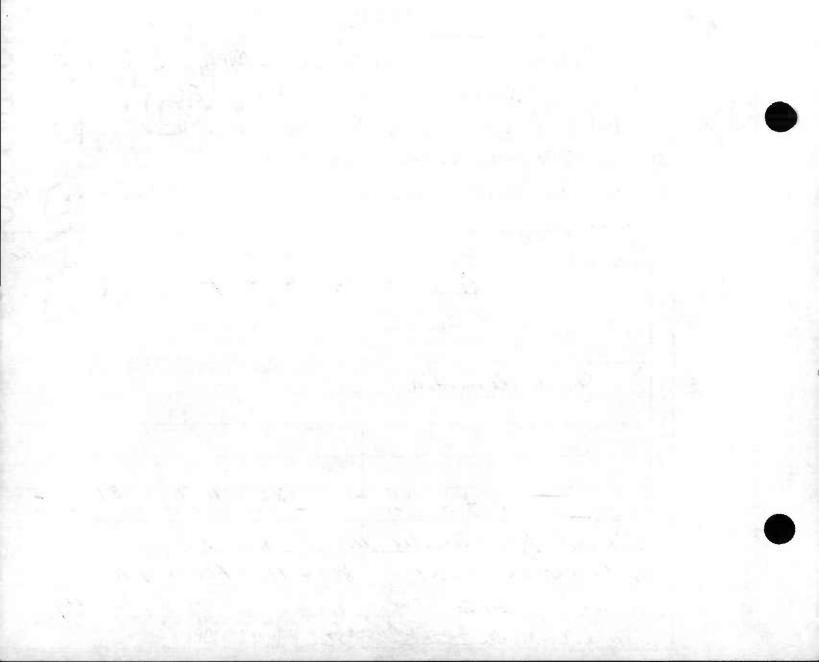
DHMH 16 50M 1/81 (VRA 15, 4)

Supplemental E I reduce the feature of the control tes II were Dr. Wret V. Cennan, M.O. 1101 St. Paul Jt., Elte., M. First Plant Lines Piratvilla, whether of the state of th 1905 York Rend Balto., Nd. 21212 - STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral directing should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours awith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

47	SEX	Male	Harry		hilin	·	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	SEX	Male	Harry		hilin	DET					
	å. BIR	Male		4 RACE		DFI		November	10.	1981	8:00F
1	C					5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER : YEAR	IF UNDER 24 HRS
1	C	THOLACE		Cauca	sian	Oc		69	YRS	MONITS DAYS	HOURS MIN.
A		OUNTRY	OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
N.	0 C II	Md.		II.S	. A .	WIDOWE		Baltimore	Coun	tv	MI
	9 C II	Y OR TOWN OF	DEATH	11. NAME OF		IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OF
		Baltimo	re		lin Squa		Jospital	Aircraft			_
١.		L RESIDENCE IF		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			TICO.	1011110	
ı	3U. 3	Md.		lto.	Balti		13d. INSIDE CITY LIMITS? YES \(\sum \) NO \(\sum \)	13e STREET ADDRESS 4020 Ka	hle.	ton Rd	
1	4 FA	THER'S NAME					15. MOTHER'S MAIDEN NA		TITZ	COII Itu	L
		John		MIDDLÉ	Dei		Clara	WIDDLE		Schio	ssler
1	6a W	AS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	ESS	DCITE	STEL
	(YI	no or unknown)	(IF YES, GIV	E WAR OR DATES)	212-07	-7068	Margaret 1	Dei (wife) sai	me addı	ess
			ATU Salar na	lu see sauce see	r line for (a), (b), on			01 (1110	, 50.		MATE INTERVAL
		PART I. DE ATH	WAS CAUSE	D BY			A			BETWEEN	INSET AND DEATH
l	-1	411 10	IMMEDIAI	E CAUSE (a)			ry Arrest				
		Conditions, if	iny which		RAS A CONSEQUE		arterioscl	erotic		1 :	year
		gove rise to	immediate	1			cardiovasc		+ 3:	500.50	
			use lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF	cararovasc	diai near	c al	soase.	
l	ŀ	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION G	VENI INI DART 112	
l						2011	TO THE TENM	THAT DISEASE ON COIN	DI11014 G1	VEIN IN FART TIE	
1	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
	Ĕ							YES T NOT		IFYING CAUSES	OF DEATH?
	£	21g. ACCIDENT WAS	UNDERLYING	21b. TIME C			21c HOW INJURY OCCUR		1		140
	_	OR CONTRIBUTING		Un	M. MONTH DA						
ı	MEDICAL	21d. INJURY OCC		21e. PLACE	M. OF IN IHRY	19	211, LOCATION				
ŀ	ME	WHILE NO	WHILE		REET. FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	1	AT WORK AT	WORK			Momal	67	Moss		OT	
ı		220. I certify that	(I)	Oct.	e deceased from _	March 81		to Nov.			that (I) (watlost
ŀ	- 1	obove, (I) (w		t) view the body		, 011	d that in (my) (Mr) opinion	death occurred on the de	ofe and ha		
L	- 1	22b. SIGNATURE	00	2	1	С	DEGREE	MEDICAL STAT		22c. DATE	SIGNED
ŀ	I.	1	ender	44/	vans	-20		DIRECTOR PHYSIC	IAN	11-1	1-8-1
١		22d. PHYSICIAN'S					22e ADDRESS				
		Dr. Th	neodore	Evans			9660 Be	elair Road			
2		JRIAŁ, CREMATIO	N, REMOVAL	23b. DATE	23c N	AME OF CE	EMETERY OR CREMATORY	23d LOCATION	77		
1	(5	Burial		11/1	1. /27 34	t. Jo	conh	Balt:	imon	COUNTY	Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Schimunek Funeral Home, Inc. 9705 Belair Rd., Balto. Md. 21236

| 11/14/81 | St. Joseph

Baltimore

NOV 13 1981 Conces

nathern Engelt with order through 1-1

ond campletely filled in by the

please remove carbonpapers. Pages 1 physicion

signed by the ottending

should be detached for use as the buriol-tronsit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

injury, ar other troumatic event, the

death certificate be executed within 24 haurs after

requires that the

OR ATTENDING PHYSICIAN: The law

	1.	FOR STATE REGISTRAR		DEPARTA	NENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2	8 0	5 3
		CEASED NAME FIRST	,	MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	2b HOUR
	(1)72	Dolly	Ĺ).	DeL	uce	November	1, 1	981	9:00 a
	3. SE)	X	4 RACE	-	5 DATE		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	F	emale	White		Feb.	24, 1900	81	YRS	ONIHS	HOURS MIN.
-	CC	RTHPLACE ISTATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimo Baltimo			M
	7	TY OR TOWN OF DEATH	St. Jo	Seph's Ho	ospit	OR OTHER INSTITUTION al	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Owner		INDUSTRY	F BUSINESS OR
5	130. S	AL RESIDENCE (IF NURSING III) COLI TATE TYLAND	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltime	V	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		23rd St	treet	
1	I4 FA	THER'S NAME Joseph Det	orie	LAST	1	15 MOTHER'S MAIDEN NAM	Metrangle		ŁAS.	t
7	16a W	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES2 E WAR OR DATES)	218 32 3		Genevieve Ro	ek 1715 We		th Rd.	21234
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	RAS A CONSEQUE	NCE OF NCE OF Lear t		terior myoo	ardial	re	
2	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC.)	21f LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
		220.1 certify that X (this hospi saw the deceased alive on above X (we) (did) (22 x 2 22b. SIGNATURE	Nov view the body		1, or	Oct. 29 19 81 nd that in (our) apinion of DEGREE ATTENDING PHYSICIAN	neath accurred on the d	FF	9 81, sond from the condition of the con	SIGNED
/		724 PHYSICIAN'S NAME (TYPE O				7620 York Ro	d. , Towson	MD 21	204	
	23a. B	URIAL CREMATION REMOVAL			AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Bi	PECIFY) Urial	4 Nev			edral Cemeter	CITY OR TOWN		vland	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital

24. FUNERAL DIRECTOR

NAME
Burgee Funeral Home 3631 Falls Rd. 21211

Baltimere, Maryland 4 Nev. 1981 New Cathedral Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTRA

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urial ov.101 stars tr ltime, release

0		1.	FOR STATE REGISTRAR			DE	PARTMENT OF H CERTIF	ICATE OF D		IENE
(IN			CEASED NAME E OR PRINT)	MAK	THA	Caro	LINE	DEN	PLER	2a DAT
nd observed	1	1.58	F		4 RACE		S. DATE C	F BIRTH	1888	6 AGE
death, Po	35		Md.	E OR FOREIGN	4	F WHAT COU	MARRIE		ORCED [9 BALT
201 us after by the f	70	7	SWSO.	N	SFE L	SUCH FACILITY, GIV	NURSING HOME C SESTREET ADDRESS) DARIS	HOSE	TUTION	TYPE OF
LAND 21 in 24 hp	35	13a. :	Md	NUMERIN STATE OL		13c CITY O	R TOWN	94	NO 🗌	13e STR
f, MARY and	BU		AUQU:	st	MIDDLE	Krue	ger	John	RST ANN (
TIMORE be exect	10 12		VAS DECBASED E YES, NO OR UNKNOWN		RMED FORCES		L'SECURITY NO.	17 INFORMAN	5te	LIA
ST., BAL ertificate g physici	event,		18 CAUSE OF D PART I. DE AT	H WAS CAUS		Mal	A STA	tic	Di	se
11 W. PRESTON that the death of the attention	sate retrave corb al. cremation, pri r other traumatic		Canditians, if gave rise to cause to, s underlying co	immediate	(b)	CI	ISEQUENCE OF			
ORDS, 20 requires	Then ple or to buric rinjury, o	ATION					IG TO DEATH BUT			NAL DISI
e low require	1009	IFICA	19a DATE OF OPI	ERATION	196 CON	IDITION FOR V	VHICH OPERATION	WAS PERFOR	MED	20a A

REG. NO E OF DEATH IF UNDER ! YEAR IMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY usekeeper EET ADDRESS MIDDLE ADDRESS ASE EASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? UTOPSY? YES NO YES [216. TIME OF NURY 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET, FACTORY OFFICE, FARM, ETC) STATE NOT WHILE 220 I certify that (I) (this haspital) affended the deceased from saw the deceased alive an obave, (I) (we) (did) (did not) Yelv the body after death and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN [PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS M.D. hudA

23¢ NAME OF CEMETERY OR CREMATORY

11/20/1981 \$acared Heartof Jesus

STATE OF MARYLAND

DHMH - 16:50M 7/81 (VRA 15, 4)

APORTANT, If them 21 A

D FUNERAL DIRECTOR

rould be detach of the State De

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd.

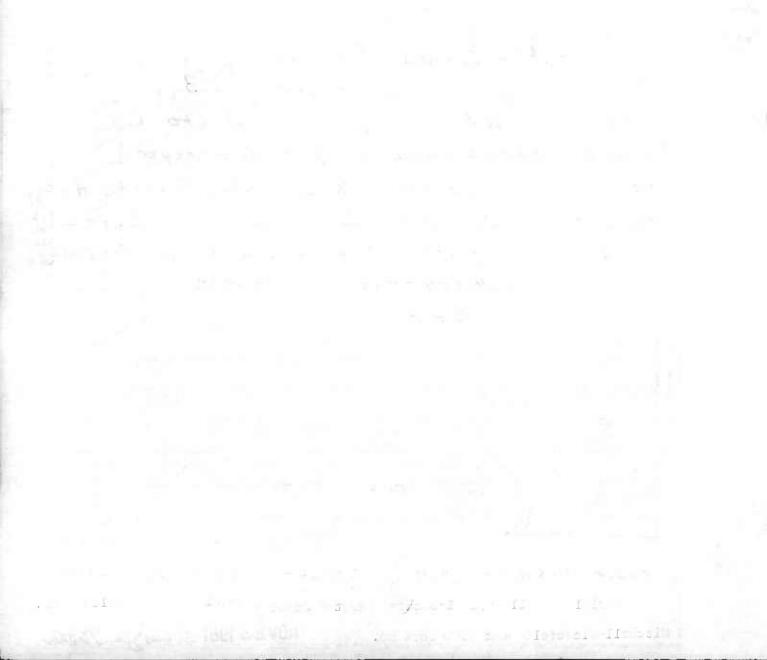
Burial

ISTRAR 256. REGISTRAR'S SIGNATURE NOV 23 1981

Balto

Md.

Dundalk



FOR

- STATE

(VRA 15, 4)

REGISTRAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ECCRDS BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR DHMH-16 50M 1/B1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

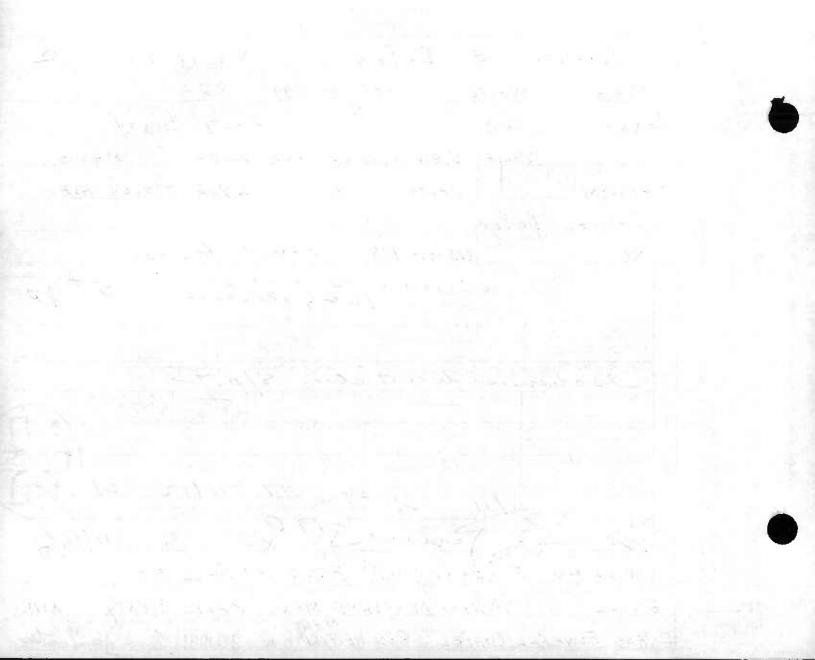
CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

IF UNDER I YEAR



Page 4 may be

1.	FOR	STATE OF MARYLAN DEPARTMENT OF HEALTH AND MI	0 1	28071
	- STATE	CERTIFICATE OF DE	ATH	
	REGISTRAR		REG. N	
	DECEASED NAME FIRST	MIDDLE	28 DATE OF DEATH	MONTH DAY YEAR 25 HOUR
3.5	5 Harold	Vincent Desmand	Sel	11 16 81 2 45 A
3.5	SEX 4	RACE 5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
u u	m	WCAWCASON 5 16	98 83	YRS.
70.	BIRTHPLACE ISTATE OR FOREIGN 71 COUNTRY)	CITIZEN OF WHAT COUNTRY?	RRIED BALTIMORE CITY O	R COUNTY OF DEATH
10 To	Vew YORK		PRCED BOIX	DO GO MO MI
2 N	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT	UTION 120 USUAL OCCUPATION OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
10	BAHOCOA	Sent WURSing Hon	ne Ketire	d SAlesmAn
13m January 14	STATE IN COUNT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR/TOWN 134 INSIDE CITY		4.0
- TA	FATHER'S NAME	IS MOTHER'S A	10 D-1143 H20	K KoAd
A CO	FIRST MI	DOLE LAST FR		LAST
16a	WAS DECEASED EVER IN U.S. ARM	ED FORCES? THE SOCIAL SECURITY NO 17 INFORMAN	A DOTE ADDRE	Leonard
	(YES, NO OF UNKNOWN) (IF YES, GIVE W	AR OR DATES!	1 5.0 -1) Di
307	Lh Knowin	1060-07-00114 Ur	areallest for	5110Dely fre fr
even	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line for (a), (b), and (c), (b)	_	APPIOXIMATE INTERVAL BETWEEN ONSET AND DEATH
natic	IMMEDIATE			MINUTES
traumatic	1629	DUE TO, OR AS A CONSEQUENCE OF		ha
other t	Conditions, if any, which	(b) CARCINOMA OF	LUWG	MUNTHS
to of	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
	underlying cause last	((c)		
injury,		NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
n 18 shows any i			Total AUTODOVA	Lan IENES WERE ENIDOLOGICA
ows D	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORM	MED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
m 18 sh			YES NO TO	YES NO
	210. ACCIDENT WAS UNDERLYING		JRY OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19		
ked or Ite	21d INJURY OCCURRED	216 PLACE OF INJURY 211 LOCATION	i i	
a k	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOW	N COUNTY STATE
E .	22a I certify that M (this hospital	attended the deceased from 11/4	19.8/ to 1/1/6	
21	saw the deceased alive on	# 1 16 19 80 and that in (my) (a		ate and havr and from the causes stated
Item	abave, (1) (we) (did) (did not) 22b. SIGNATURE	view the body ofter death. DEGREE		224 DATE SIGNED
5 =	10		TENDING MEDICAL STAF	5 11/
ANT	Martin	NINT) PH	TENDING MEDICAL STAF	IAN ///6 8/
DRT,	224 PHYSICIAN'S NAME (TYPE OR P		WEDER OF	han han
IMPORT	MARTIN	E. STAUBEL, M.S. 59 AA		STEPSTOWN MU
230	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF CEMETERY OR CR	EIDITOR TOWN	COUNTY // STATE
_ [/	Baria	11-19-81 St. Johns Com	ey New	Jork Nassaul
25M	FUNERAL DIRECTOR	254 CADDRESPLAN St. 24	2% DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
4) 1/79	Thorna J. Hatch	1100 lm - 1 Ms. 2113	7 NUV 171981 2	sinces Van / kethan

MARKET IN STRUCTURE TO STRUCTURE THE THOUGHT IN A CONTROL TO THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5. DATE OF BIRTH

REG NO

(PE OR PRINT)	Nichola
ECEASED NAME	FIRST
FOR = STATE REGISTRAR	

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH	DAY	YEAR	2h HOL	JR
November 21, 19	81		12:	10a
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
49 YRS.	MONTHS	DAYS	HOURS	MIN,

s DIBATTISTA 3 SEX Th CITIZEN OF WHAT COUNTRY

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County

TN VESTAGATOR

12h KIND OF BUSINESS OR

CITY OR TOWN OF DEATH

4 FATHER'S NAME

PART I. DEATH WAS CAUSED BY

18. CAUSE OF DEATH Enter only one couse per line for lo , (b), and ic IMMEDIATE CAUSE (6) Cardiogenic shock

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF ventricular arrhythmias

CERTIFICATION

MEDICAL

underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

(b) Acute inferior myocardial infarction with

19a DATE OF OPERATION

Conditions, if ony, which gove rise to immediate

couse (o), stoting the

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e. PLACE OF INJURY

Nov

211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that of this haspital) attended the deceased from sow the deceased alive on NOV. 21 sow the deceased alive on NOV. 21 above, 41 (we) (did) (did not) view the body after death 22h. SIGNATUS

and that in low (our) opinion death occurred on the date and hour and from the causes stated

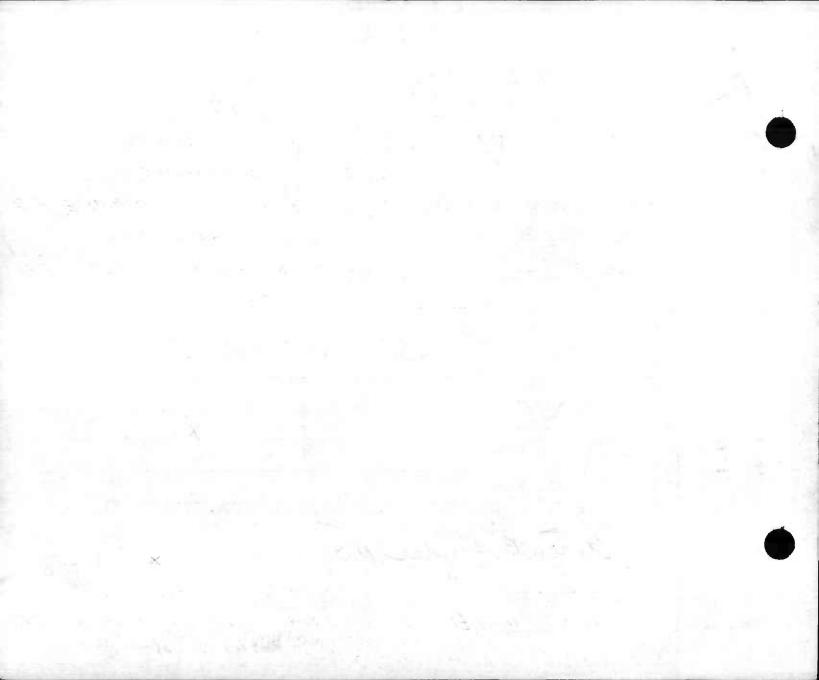
22c. DATE SIGNED

Steven B. Snyder, MD

9000 Franklin Square Dr., 21237

230	(SPECIFY)	BURIAL
	- 12	DURING

DHMH - 16 50M 1/81 (VRA 15, 4)



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Plage - sygnetic	3
etained by the hospital or attending physician.	
10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the furnital differences	1
should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled writtin 72 meur and each	7
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	

STATE OF MARYLAND FOR

STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	
-	

8

ARET LY	LE DOBSO			20 DATE OF DEATH		20	HOUR			
4 RACE	LE DOBS			NOVEMB	ER 16.19	981				
			MARGARET LYLE DOBSON				NOVEMBER 16,1981			
		5. DATE OF B		6. AGE (IN YEARS LAST			NDER 24 HRS			
White		May 6,	L934	47	YRS	DAYS HO	URS MIN.			
76 CITIZEN OF V	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X			9 BALTIMORE CITY OR COUNTY OF DEATH						
USA				Baltimore County			MD			
		IG HOME OR C								
12 Co	ldwater (Court		Pathol	ogist		ıl			
UNTY	13c CITY OR TOW									
ltimore	Towson				dwater (ct.				
ANDDUE	LAST	15				LAST				
				rland						
	16b SOCIAL SECU	RITY NO 17			PRES24 Gas	ge St.				
GIVE WAR OR DATES)	023-26-7	7896 M	rs. Roseman		Methue	en. Mass.	0184			
				7						
	Shille	- Kun	at Chica	Appli.		BETWEEN ONSET	AND DEATH			
(b)										
	NTRIBUTING TO D	DEATH BUT NO	RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	N IN PART 110				
							20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
			HOW INJURY OCCU				<u> </u>			
		19								
			LOCATION	CITY OR	TOWN	COUNTY	STATE			
		_	1 0-	1	4.5	01				
pitol ottended the	deceosed from	ond th		, to NOV	date and hour a	, that	l) we) lost			
bulla	we me	DEG		MEDICAL ST						
OR PRINT)		22								
wer, M.D			71 11	1 6						
	III. NAME OF IN SUCE IZ CO OR CHAFF INSTITUTION UNITY ALTIMOTE MIDDLE ON ARMED FORCES? GIVE WAR OR DATES! ONLY ONE COUSE PET SED BY IATE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c) I 9b CONDITIONS CO I 9b CONDITIONS CO I 9b CONDITIONS CO OPERATH NER) ZIE PLACE C (AT HOME STREET SEPTION OTHER OF IN STREET SEPTION OTHER OTHER OTHER OTHER OTHER OTHER SEPTION OTHER OTHER OTHER OTHER OTHER OTHER OTHER SEPTION OTHER O	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWE STREET 12 COID WATER 13 CONTRIBUTION OF TOWSON THE TOWSON THE TOWSON	USA 11. NAME OF HOSPITAL, NURSING HOME OR OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12 COLdwater Court 12 Coldwater Court 13 COLTY OR TOWN 13 d COLTY OR TOWN 14 d COLTY OR TOWN 15 d COLTY OR	USA III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH TACKITY, GWE STREET ADDRESS) 12 COldwater Court OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION UNITY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? YES	USA WIDOWED DIVORCED Baltim	USA WIDOWED DIVORCED Baltimore Cour 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17 PER PROPERTY 18 PER PROPERTY 19 PER PROPERT	USA MIDOWED DNORCED Baltimore County			

DHMH - 16 50M 1/B1 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial-Transit BP. 24 FUNERAL DIRECTOR

23b DATE Nov. 21,1981

23c. NAME OF CEMETERY OR CREMATORY Holy Sepulchre

23d. LOCATION CITY OR TOWN

COUNTY

Mitchell-Wiedefeld Home, Inc. Balto., Md. 2121

- I family along the a wall on gifth to a resident cash.

4 1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND I			2001
2 1	DECEASED NAME FIRST	WIDDLE	LAST	20	REG. NO.	DAY YEAR 2b HOU
	TYPE OR PRINT) EMILY	E.	DOLAN		NOV.	18 1981 5:45
3. 5	SEX ·	4 RACE	5. DATE OF BIRTH	6.7	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
)	FEMALE	WHITE	MONTH DAY	YEAR 84	97 YRS	MONTHS DAYS HOURS
3 ₹0.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 1	BALTIMORE CITY OR COUN	
35	BALLEMORE MD	U.S		VORCED	BAITYMORE	County
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKING	ed .
0 /0	TOWSON	STELLA IND			HOUSE WIT	
	STATE 136 COU	114 Carney	(N 13d INSIDE C	ITY LIMITS? 136	STREET ADDRESS AP	t. 26 Rockingham
14	FATHER'S NAME		15. MOTHER'S	MAIDEN NAME		
234	W. III AW	MIDDLE EUAST	ier p	MUNIA	WIDOLE	HART
0 160	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU		DOII.	ADDRESS B	alt., Md. 212
a ledica	NO THE TEST OF		6 55 Earl 1	. Dolan	8 Knollrigge	Ct. Apt. 172
y injury, ar ather traumatic ev	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) ATHEROSO DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 1 Typ. CONDITION FOR WHICH	ENCE OF DEATH BUT NOT RELATED	POLOVAS	L DISEASE OR CONDITION C	
8 shaws any injur	THE DATE OF OFERATION				YES NOTO IN CER	TIFYING CAUSES OF DEATH
	OD CONTRIBUTING CALLS OF DE	HOUR A.M. MONTH DA	AY YEAR	JURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
rked or Item	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATIO	ON C	CITY OR TOW	COUNTY ST
If Item 21 is ma	sow the deceased alive on abave, (I) (we) (did) (did no 22b. SIGNATURE	at view the bady after death.	DEGREE		tah occurred an the date and h	22c. DATE SIGNED
IMPORTANT: IF	22d. PHYSICIAN'S NAME (1996)	un K. Gjal	22e. ADDRES	PHYSICIAN DI	AEDICAL STAFF IRECTOR PHYSICIAN	11-18-
IMPORTANT: If Irea 2) is	a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR C		23d LOCATION CITYOR TOWN Baltimore	county ST

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

201081

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital ar

Teleno no les derives estates for a far un de la company d

signed by the attending physician and campletely filled in lightly filled in lightly the bease remove carbonpapers. Poges 1 and 2 shauld be first william 72 to

shauld be detoched for use as the burial-transit permit. Then please remove carbonpowith the State Dept. af Health and Mentol Hygiene prior ta burial, crematian, ar remov

IMPORTANT: If Item 21 is marked or Item 18 shows ony

TO FUNERAL DIRECTOR. After this certificate has been

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG N	O.		
	CEASED NAME	FIRST		MIDDLE	-	LAST		DATE OF DEATH		YEAR	26 HOUR
		Charl	es	Edward	D(ONNELLY		November 9	, 1981		8:00 PM
3. SE	X		4 RACE		5. DATE O		6. A	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
Ma	ale		Whit	е	07	01 1907	,	74	YRS.	VIRS	HOURS MIN.
≯ o. B	IRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 8	BALTIMORE CITY O	R COUNTY O	FDEATH	
	(arvlan	đ	USA		WIDOW	_	<u> </u>	Baltimore	County		MD.
10. C	ITY OR TOWN OF	DEATH			G HOME	OR OTHER INSTITUTION		USUAL OCCUPATI			F BUSINESS OR
	ossvill		Frank		are 1	Hospital	P	olicema	n - Bal	timo:	re City
130	AL RESIDENCE (IF	135 COU		GIVE RESIDENCE BEFORE		1136 INSIDE CITY LIMITS?	? 113e	STREET ADDRESS			
N	larylan	d Bal	timore	Perry	Hall	YES NO		918 Car	lisle	Avent	ue 2123
14 F	ATHER'S NAME		WIDDIE	LAST		15 MOTHER'S MAIDEN N					
	Arth	ır	WIODIE	Donnel	1v	Anna		WIDDLE		LAS	T.
	WAS DECEASED E	VER IN U.S. A		166 SOCIAL SECU		17 INFORMANT		ADDRE	SS		
- (NO OR UNKNOWN	(IF YES, G	VE WAR OR DATES)	213-03-	0161	Floorer D.	022	01177 00	10 000	14 01.	A ====
⊨						Eleanor D			lo car		MATE INTERVAL ONSET AND DEATH
	PART I. DE AT	H WAS CAUS	ED BY TE CAUSE (a)	robable /	Acute	Myocardial	Infa	arction		BETWEEN	ONSET AND DEATH
	410	A		0.45.4.60\1550\1	NCE OF						
	Conditions, if	ony which	DUE TO, H	ypertens	ion						
	gave rise to	immediate) 16)—								
	cause (a), stating the underlying cause last:										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g										
Z	PART 2 OTHER.	SIGNIFICANT	CONDITIONS <u>CC</u>	SINTRIBUTING TO L	JEAIN BUI	NOT KELATED TO THE TEL	: KMIN AI	L DISEASE OR CON	JIION GIVEN	IN PARI III	
CERTIFICATION	19n DATE OF OP	FRATION	19h COND	ITION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDING			ICS HSED
5	DAIL OF OIL	L K A TIOI V	178 00110	E CONDITION TOR WHICH OF EXAMON WAS PERFORMED		1	IN CEPTIEVING CAUSES OF DEATH			OF DEATH?	
F	A COURTINA	INDEDIVING F	7 216. TIME O	E INTHURY		11. 110111 1111111111111111111111111111	\\DD50	YES NO	YES [NO 🗌
	OR CONTRIBUTING			M. MONTH DA	AY YEAR	21c HOW INJURY OCCU	UKKED	ENTER NATURE OF INJUR	Y IN ITEM TE PART	I OR PART 2)	
S	(IF EITHER NOTIFY	MEDICAL EXAMINE	RY P.		19						
MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY REET FACTORY, OFFICE, F	ARM FTC)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
2	AT WORK A	WORK					-				
			ital) attended th	e deceased non_	love inf	per 9 ₁₉ 8		to Novembe	er 9 19.	81	that (N(we) last
	saw the dec	eased alive	Novembe view the body	r 9 19	81 ar	nd that in (XX (our) opinio	an deoth	h accurred an the do	ite ond haur ar	nd from the	couses stated
	22b. SIGNATURE			die deam.		DEGREE				22c. DATE	SIGNED
		W	uara-			ATTENDING PHYSICIAN	M M	REDICAL STAF	F	11-0	7-81
	22d. PHYSICIAN	S NAME (TYPE	OR PRINT)			22e. ADDRESS		meerok [] ritiale	IN VC	1 ,,	. 41
-	111	Cu-	1753			9000 Frank	kl in	Square [r., Ba	lto.,	Md. 2123
230	BURIAL, CREMATIC	ONL BEAROWAY	23b DATE	22. N	JAME OF C	EMETERY OR CREMATORY		236 LOCATION			
	(SPECIFY)	JIV, KEMOVAI						CITY OR TOWN	C	OUNTY	STATE
	Burial		11/1	3/81 St	. M10	chael's Cer	m.	Perry Ha	all Ba	Itimo	ore Md.

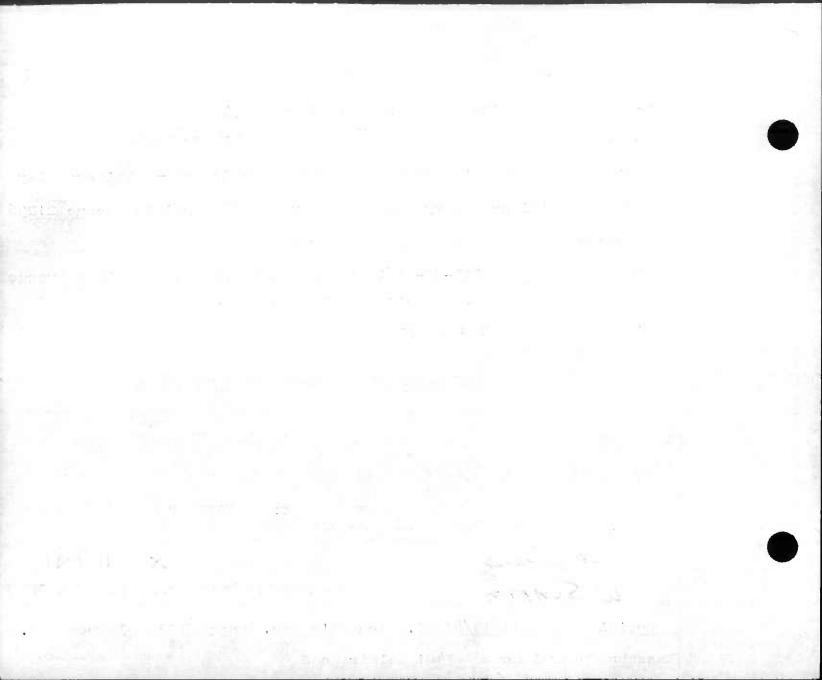
DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

24 FUNERAL DIRECTOR
Lassahn Funeral Home

7401 Belair Road Perry Hall B

Baltimore



ARYLAND 21201	Office
T., BALTIMORE, MA	Examiners
W. PRESTON S	Medical
CORDS, 20	, the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Approved by

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ä	thin	

	REGISTRAR				CEKITI	ICATE OF	DEATH	REG	NO.				
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH		DAY Y	EAR	2b HOUR	
(TYPI	OR PRINT)	JOHN	P		DO	VI			11	12	81	5:00P	
3. SE	Х	4	RACE		5 DATE C			6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER		IF UNDER 24 HRS	
	Male		Wh	nite	MONTH	15	16	65	YRS.	MONTHS	DATS	HOURS MIN.	
	RTHPLACE (STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	NEVER	ALABBIED []	9 BALTIMORE CIT		YOFDEA	TH		
Maryland			U.S	S.A.	WIDOW		NORCED	Balt:	imore C	ounty	7	M	
	Arbutus 9:		/ (IF NOT IN SUC		OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS) LNA Drive			120 USUAL OCCUP TYPE OF WORK FOR MO Wireman		12b. KI Wes	ND OI	r BUSINESS OR	
130.5	AL RESIDENCE (IF HURS STATE aryland	13 COUNT	imore	13t CITY OR TOWN Arbutus		13d INSIDE (NO 斉	13e STREET ADDRES 930 Regin		e 21	122	7	
14 FATHER'S NAME FIRST MIDDLE Joseph			IDDLE	Dovi			's MAIDEN NAM ngelina	ME	E	I) 'Ai	ngolo	
	(160 WAS DECEASED EVER IN U.S. ARMED			166 SOCIAL SECUI	RITY NO.	17 INFORMA	ANT	AD	DRESS		,		
	YES NO OF UNKNOWN)	WW	II	212-18-	9604	Conn	ie R. Do	ovi 930 F	Regina	Drive	2	21227	
	18 CAUSE OF DEAT PART I DEATH W 4/0 C Conditions, if ony, gove rise to improve to impr	MAS CAUSED IMMEDIATE which nediate ig the	DUE TO, OF	Acute myo RAS A CONSEQUE Left hemi thrombosi RAS A CONSEQUE	cardi NCE OF plegi S NCE OF	a, par	tial; r	ight cere	bra1		Sud 196		
4	(c) Chronic lymphocytic leukemia									1978			
CERTIFICATION	PART 2 OTHER SIGN								ONDITION GIV	EN IN PA	RT 110		
CA	190 DATE OF OPERA	NOIT	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O			GS USED OF DEATH?		
RTIF								YES NO YES NO					
MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING ((IF EITHER NOTIFY MEDI	CAUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 F	PART I OR PAI	₹Т 2)		
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK			RM ETC)	21f LOCATION STREET CITY OR TOWN				COUNT	ſΥ	STATE		
	220.1 certify that (1) saw the deceds above, (1)	TO KAN DO	11/7	10 8			19 <u>59</u> (%) opinion d	, toPTese: leath occurred on the				hot (1) (WE) last auses stated	
	22b. SIGNATURE	0	Too	. 11-	1	DEGREE	ATTENDATE	MEDICA		22c. [22c. DATE SIGNED		
	7- (/() (W)			100			ATTENDING PHYSICIAN 🛣	MEDICAL STAFF DIRECTOR PHYSICIAN			11/14/81		

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT

11/16/81 Buria1 Pane Balto, Md. 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 24 FUNERAL DIRECTOR

236 DATE

Dr. Rangle 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23d LOCATION
CITY OR TOWN
Baltimore New Cathedral Cemetery

2938 St. Paul Street

Maryland

the state and the few states of infrared the states

7	1	M	
1	i		

death. Page 4

executed within 24 hours ofter

completely filled

carbanpapers. Pages

injury, ar other traumatic

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

After this certificate has

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician

IMPORTANT: If them 21 is marked ar Item 18 shaws any

STATE OF MARYLAND

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1	STATE REGISTRAR	DEP		FICATE OF DEATH	GIENE 🔾 1	20 0	, , .
	CEASED NAME FIRST	NETH EUR	en D	OWNING.	20 DATE OF DEATH	MONTH DAY YEAR 17 22 81	26 HOUR
1, 58		White		OF BIRTH	6 AGE IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR MONTHS DAYS YRS	
	COUNTRY) Ohio ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUN U. S. A. 11. NAME OF HOSPITAL, NI	MARRIE		9 BALTIMORE CITY C BALTIM		M
R	and all stown	BALTO. CO.		Hosgital	(14PE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY	1
	STATE Md. CAR			13d. INSIDE CITY LIMITS? YES NO 🔀		hite Rock	Rd.
14. F.	Dwight 1	E. Down	ng	15. MOTHER'S MAIDEN NA	G. MIDDLE	Hof Fer	bert
	77	MED FORCES? 16b SOCIAL 300	SEGURITY NO.	Alice A. L	Downing 5	ykesville	Md.
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)			MATOSIS	0	APPRO BETWEEN	XIMATÉ INTÉRVAL I ONSET AND DÉATH
	Conditions, if ony, which	DUE TO, OR AS A CONS	ELINO M	TA OF B	Ronchus		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS		/			
NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	winal disease or con	DITION GIVEN IN PART 1	(a)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	1% CONDITION FOR WHICH OPERATION		20a AUTOPSY? YES □ NO 🔼	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 1B PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY LAT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	220 I cartify that (1) This hasni	tall attended the deceased for	rom II	10 / 10 87	to 111	22 1081	that de lucal las

SIGNATUR

'S NAME (TYPE OR PRINT)

1413135 ATTENDING 22e. ADDRESS

231 NAME OF CEMETERY OR CREMATORY

DEGREE

MEDICAL STAFF PHYSICIAN

AIK CHOPPA

RANDAZLSTOWN

21/33

GEN.

22c. DATE SIGNED

BP.

TO FUNERAL DIRECTOR:

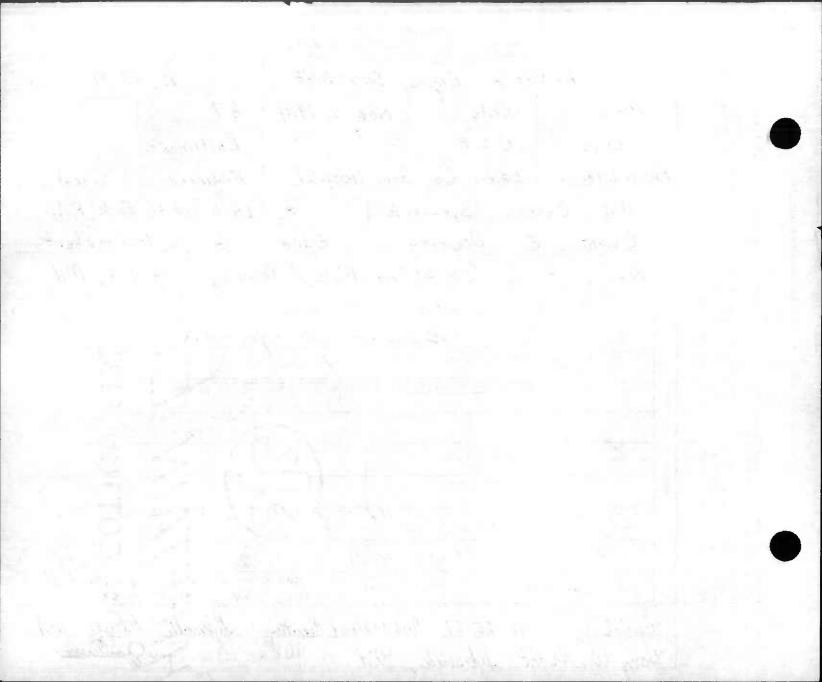
DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

23b. DATE

and that in () (aur) apinion death occurred an the date and haur and fram the causes stated

AR'S SISPIATURE





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offs

etained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundral should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept, of Health and Mental Hygiene prior to buriol, cremation, or removal.

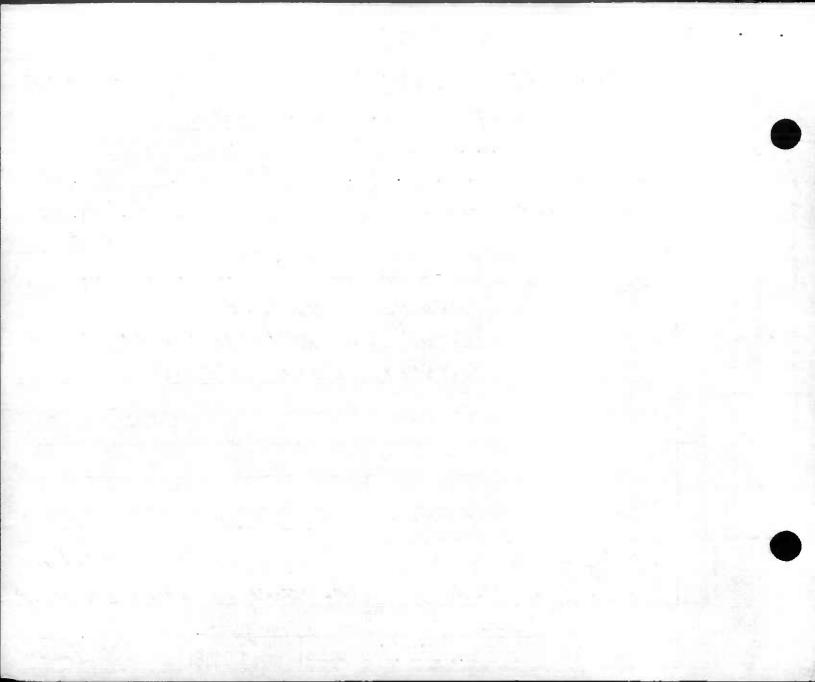
DE

STATE OF MARYLAND	63	2
EPARTMENT OF HEALTH AND MENTAL HYGIENE	0	1
CERTIFICATE OF DEATH		REG. NO

<u></u> ∤₁.	FOR - STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		2 8 0	19
	CEASED NAME FIRST	WIODLE	-	AST	REG. NO.	DAY YEAR 2b	HOUR
1	BERNA		041800	V	6. AGE (IN YEARS LAST BIRTHOAY)	381 8	7.30PM
3. SE	M ALE	4 RACE	MONTH		611	MONTHS DAYS HO	UNDER 24 HRS DURS MIN.
	TRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NOV .		9 BALTIMORE CITY OR COU	RS. INTY OF DEATH	
	MARYLAND	U.S.A.	WIDOWE		BALTIMORE	COUNTY	MD
	RANDALLSTOWN	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES BALTO. CO.	GEN. HO		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!) SALES REPR.	4 70 0 00 00 000	CARPE
13a M			TOWN	136. INSIDE CITY LIMITS? YES NO X	4621 HORIZON	#21208 CIR., APT.	103
14. E/	MORRIS	MIDDLE DUBOW		DORA DORA	MIDDLE	SYKËS	
	WAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	01-6313		FRANCES DUBOW CIR., APT. 10	3 #21208	
ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSI	TO DEATH BUT			GIVEN IN PART 1(0) YES, WERE FINDINGS	USED
CERTIFICATION	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		216 HOW INJURY OCCURR	YES NO IN CE		OEATH?
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		- Charles and or market at their	1010010010012	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	270.1 certify that (1) (this hospital) attended the deceased from						
	HAFEE 2 BURIAL, CREMATION, REMOVAL	A SYEDM.	23c NAME OF CI	BALTIMOREMETERY OR CREMATORY	E COUNTY	GEN 1	405/
	BURIAL UNERAL DIRECTOR SOL I	11-5-81	BETH EL	MEMORIAL PAR	CITY OR TOWN K RANDALLSTOWN REC'D. BY REGISTRAR 25b. REC		MD
	NAME 6010 REISTE	ERSTOWN RD., BA	ALTP., M	D 21215 NO	V 1 0 1981 Z	res Jan 16	then

DHMH-16 50M 1/81 (VRA 15, 4)

BP.



10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the fur should be discounted for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within with the stare Debt of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical

IMPORTANT If him 21 is morked or Item 18 shows ony

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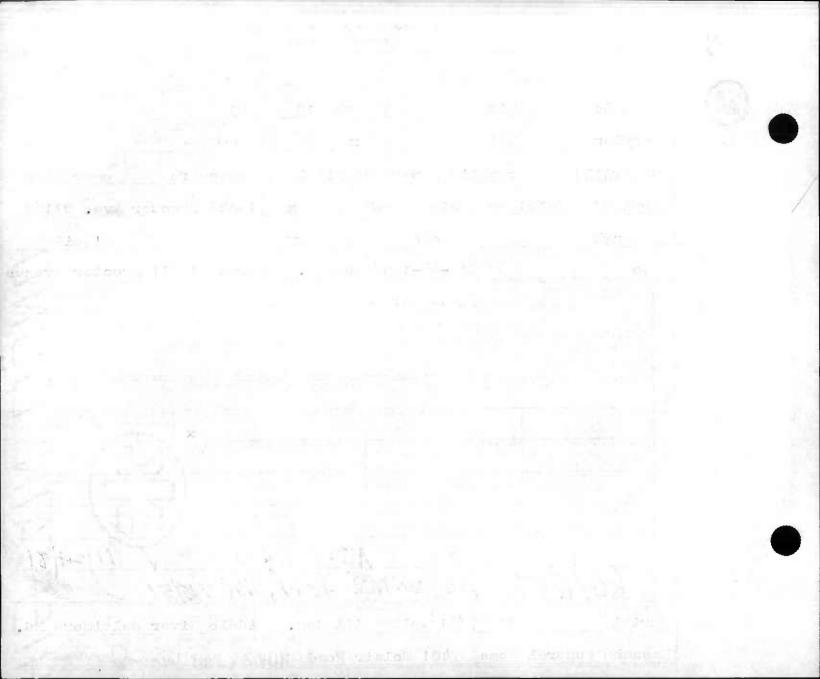
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 0 2 8

1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	ECEASED NAME PE OR PRINT)	DORO		LOUISE	ED	WARDS	November 2		B1	26. HOUR 7:45a
3. St	EX	4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
	Female		White		12	04 15 YEAR	65	YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR COUNTRY) Varyland	FOREIGN 76	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY C Baltimore			
	ITY OR TOWN OF DE	ATH 1	I. NAME OF H		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND O	F BUSINESS OR
1	Rossville		1	HEACHLITY, GIVE STREET A	DOKEDO	Iospital	Housewif		INDUSTRY	naking
130.	JAL RESIDENCE (IF NURS	13b. COUNT	THER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		- 12	
_	aryland ATHER'S NAME	Dall	imore	White N	arsı	YES NO X	10828 Pr	octor	WAGE	21102
	Hugh		DDLE	Lego		Mary	MIDDLE		O'NE	
160.	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	(#F YES, GIVE V	VAR OR DATES	166 SOCIAL SECUI		17 INFORMANT	ADDR			
	No	<u> </u>		215-44-1	1096	Joan L. Edu	wards 10	811 P	roctor	
NO	PART 2. OTHER SIGN	/AS CAUSED IMMEDIATE , which mediate g the lost.	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	Cardiac A	nce of	NOT RELATED TO THE TERM	inal disease or con	DITION GIVE		MATE INTERVAL INSET AND DEATH
TIFICATION	190 DATE OF OPERA	190 DATE OF OPERATION 196. CONDI		TION FOR WHICH OPERATION WAS PERFORMED				WERE FINDIN		
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR		hapad		
MED	WHILE NOT WH	FILE	21e PLACE C	OF INJURY SET, FACTORY OFFICE, FA	RM_ETC)	211 LOCATION STREET	CITY OR FO	WN	COUNTY	STATE
	220. I certify that (I) sow the decease obove, (I) (we) (C 22h 58GNATURE	ed olive on		19		d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAL	ote and hour		
Bı	BURIAL, CREM. Joh (SPECIFY) urial	#EMOVAL	23b. DATE 11/2'			METERY OR CREMATORY Iill Cem. I	23d LOCATION CITY OR TOWN ALddle Ri	ver B	altimo	ore Md.
	uneral director assahn Fu	mera1	Home	7401 E	3elai	r Road NO	REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNATA	F
						2.0			100	

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician.



STATE OF MARYLAND



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FOR DI

STATE OF MARYLAND	-	5	(2)	C	6	0	
PARTMENT OF HEALTH AND MENTAL HYGIENE	O		6.	3	1	0	
CERTIFICATE OF DEATH							

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
1. DECEASED NAME	FIRST	MIDDLE		LAST	2a DATE OF DEATH	MONTH DA		2b HOUR
TWI	CAH E	•	EL	LIOTT	NC	V.27,19	981	M
3. SEX	4 RACE		5. DATE (6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
FEMALE	WHIT	2	SEPT		91	YRS	DATS	HOURS MIN.
Ta BIRTHPLACE (STATE OR FOR		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	F DEATH	
OHIO	US		WIDOW	DIVORCED	BALTIMORE	COUNTY		MD
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b KIND O	F BUSINESS OR
COCKEYSVILLE		BOSLEY R			SUPERINTE			IG HOME
	BALTIMORE	COCKEYSV	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 702 BOSL	EY RD.		
14 FATHER'S NAME	WIDDIE	ŁAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	
GEORGE	В.	ELLIOTT		EMMA	WIDDLE		BOWYE	
16a WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	217-05-1		TWILAH E. WI	ER 207 BOS	COC SLEY RD		LLE, MD
Conditions, if ony, w gove rise to immed couse (0), stating underlying couse PART 2 OTHER SIGNIFI 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERL	DUE TO, O hich (b) the lost. ICANT CONDITIONS C. N 196 COND	CARCINO OR AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH	MA OF	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURR	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [OVER	IGS USED
VIETHER NOTIFY MEDICALI 216 IN JURY OCCURRED WHILE NOTIFY MEDICALI WHILE NOT WHILE AT WORK	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC)	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
sow the deceased above, (1) (we (did)		19	, or	, 19, 19			nd from the o	
22b. SIGNATURE	tu T. K	200		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		270 DATE S	Vor8
226. PHYSICIAN'S NAME		KEL	ES	22e ADDRESS	ou (clire	MIC	1 - 1,	///
230 BURIAL, CREMATION, REA (SPECIFY) BURIAL				EMETERY OR CREMATORY W CEMETERY	CLEVELANI		QUATY	OHIO

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etoined by the haspital or attending physician

TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal MAPORTANT. If them 21 is marked ar Item 18 shows any injury, ar other troumatic event, the medical examiner must be positived at any

DHMH-16 50M 1/B1 (VRA 15, 4)

CLEVELAND

1981 LAKEVIEW CEMETERY 74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212 REGISTRANISH REGISTRAN'S SIGNATURE the state of the s - Small Complete 1881 16 134 East the west both and all the secretaring the second TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 hours and

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and car should be detached for use as the trunial transit permit. Then please remove carbon paper. Pages with the State Dept. of Health and Merrial Higiene prior to burial, cremation, or removal.

ge 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

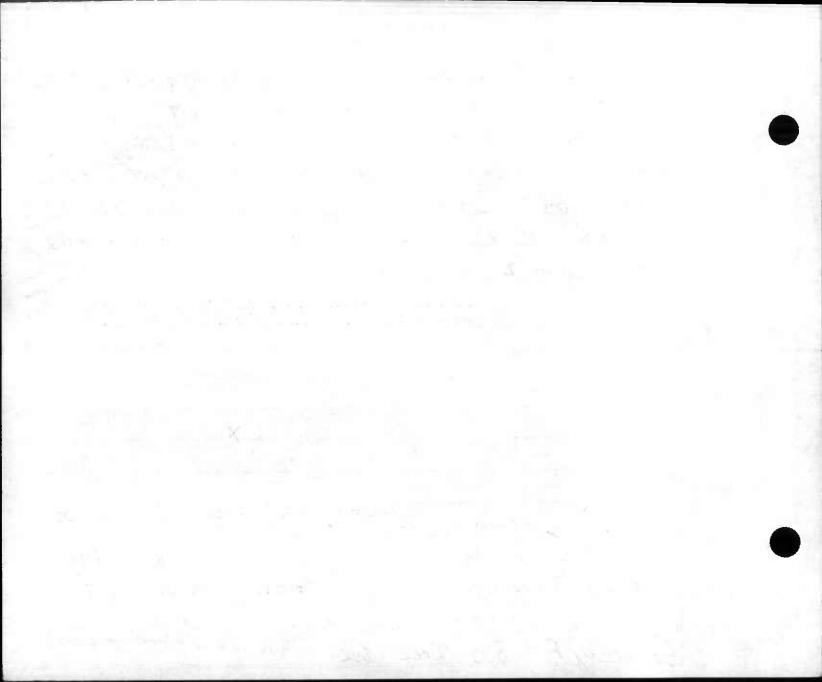
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1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. N	MONTH DAY YEAR 26 H	OLIR
YPE	Joseph	R. Ellsworth		November		0a
1. SE			5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIS		
	m	W	MONTH 2 DAY YEAR 12	. 6	9 YRS. MONTHS DAYS HOUR	RS
		76 CITIZEN OF WHAT COUNTRY?	3		OR COUNTY OF DEATH	_
· ·	MASS.	USA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	County	
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIND OF BUS INDUSTRY	INES
LE	ESSEX	FRANKLIN	Sq. HOSP		A MALLIA DE	7
130 S	AL RESIDENCE (IF NURSING HOME OR I			13e STREET ADDRESS		
	MV BA	LTO ESSET	YES NO D	68 C	OOLBREEZE	
14. FA	ATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST O	2
160.14	VAS DECEASED EVER IN U.S. ARA	110.	VORTH HBB/	ADDRI	HARBIMA	N
		WAR OR DATES!				
	YES WW	y one couse per line for (a), (b), and (ELLSWO	MIH. HISO	16
	Conditions, if ony, which gove rise to immediate couse to stating the		Abdominal Aortic			
TIFICATION	Conditions, if only, which gove rise to immediate couse to stating the underlying couse lost	DUE TO, OR AS A CONSEQUEN	toneum and Retrop	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	ATH
CERTIFICATION	Conditions, if only, which gove rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUEN (c) DUDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O	ICE OF ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED 216. HOW INJURY OCCUR	Deritoneal H	DITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	ATH
	Conditions, if only, which gove rise to immediate cause to stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUEN (c) DUDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O	ICE OF ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED 216. HOW INJURY OCCUR	Deritoneal H	DITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	ATH
MEDICAL CERTIFICATION	Conditions, if only, which gove rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O 216. TIME OF INJURY HOUR A.M. MONTH DAY	TEAR 19 216. LOCATION	Deritoneal H	IDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	ATH
	Conditions, if only, which gove rise to immediate couse 10 stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK ALL EVENTS ALL EVENT	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O 196 CONDITION FOR WHICH O 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM November 4 View the body offer death.	TEATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 21c. HOW INJURY OCCUR YEAR 19 21f. LOCATION STREET OVEMBER OVEMBER ATTENDING PHYSICIAN 22e ADDRESS	Peritoneal H MINAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO 1November death accurred on the do MEDICAL STAL DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO NO COUNTY COUNTY A 19 81, that the ote and hour and from the causes FF 12c. DATE SIGNE	STA
MEDICAL	Conditions, if only, which gove rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OF OTHER COUNTRY WHILE AT WORK AT WORK 22a.1 certify that Withis hospith sow the deceased dive on obove. The Markey (did) (did seed) 22b. SIGNATURE	DUE TO, OR AS A CONSEQUEN (c) DUE TO, OR AS A CONSEQUEN (c) DONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (A) HOME STREET, FACTORY, OFFICE, FARM OI) oftended the deceosed from November 4 view the body ofter death. PRINT)	TEATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 21c. HOW INJURY OCCUR YEAR 19 21f. LOCATION STREET OVEMBER OVEMBER ATTENDING PHYSICIAN 22e ADDRESS	Peritoneal H MINAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO 1 November deoth occurred on the do	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO NO COUNTY COUNTY A 19 81, that the ote and hour and from the causes FF 12c. DATE SIGNE	STA (we stot)

by F. H. 300 Mace ave.

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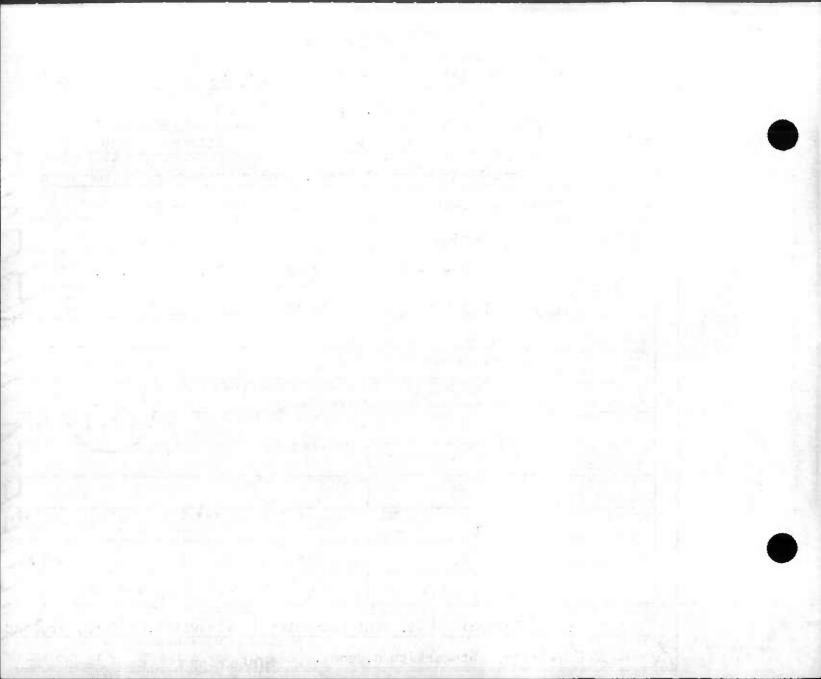
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter death. Page 4 may be

retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the the funeral disshould be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

L	- STATE REGISTRAR DECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	H DAY YEAR 2b. HOUI
{TYF	YPEORPRINT) Lottie	Virginia	Enfield	11/24/8/	128
3. SI	Fe Fe	RACE	5. DATE OF BIRTH DOCT . 14 , 14 900 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS
70. E	BIRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	* MARRIED NEVER MARRIED WIDOWED DIVORCED	I Holtsmore	
Ra	endallstown	Randallstown	Convalescent. Ce	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK TET HOMEMAKET	
130.	Maryland Bal	other institution give residence before II3c. CITY OR TOV	WN 13d. INSIDE CITY LIMITS	13. STREET ADDRESS 18209 York R	load
0 14. F	FATHER'S NAME Thomas	Spriggs	is mother's maiden Kathryr	Rena ^{MADDLE} Bl	evins
160	(YES, NO NUNKNOWN) (IF YES, GIVE	MED FORCES? 186 SOCIAL SECTION SOCIAL SECTION SOCIAL SECTION SECTION SOCIAL SECTI		tchfield, Park	tom.Md.21120
	PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.		ree (caere	s of total	BETWEEN OWSET AND E
ICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (b) CAUSE (D) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ree (caere	20a AUTOPSY? 20b.	N GIVEN IN PART 110. IF YES, WERE FINDINGS USED
AL CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION	DBY: E CAUSE (D) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH D	JENGTOF, JENGTO	20a AUTOPSY? 20b.	N GIVEN IN PART 110. IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION	D BY: E CAUSE (b) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH D	JENGEOF JENCE OF JENCE O	20a AUTOPSY? 20b. IN C	N GIVEN IN PART 110. IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
	PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF 190 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospit sow the deceased alive on, above, (I) (we) (we) (did) not obove, (I) (we) (we) (did) not obove, (I) (we) (did) (did not	D BY: E CAUSE (D) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH THE HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) (b)) oftended the deceased from	JENGEOF JENCE OF DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET	20a AUTOPSY? 20b. IN C YES NO URRED (ENTER NATURE OF INJURY IN ITE	N GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO M 18 PART 1 OR PART 2) COUNTY ST , 19
	PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), sotting the underlying couse last. PART 2 OTHER SIGNIFICANT C 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 22a.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (bid) (did not) 22b. SIGNATURE	D BY: E CAUSE (D) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH THE HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) (b)) oftended the deceased from	JENGE OF JENCE OF DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? 20b. IN C YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY ST. 19 At that (I) (will depend on the couses state 122c. DATE SIGNED
	PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF 190 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospit sow the deceased alive on, above, (I) (we) (we) (did) not obove, (I) (we) (we) (did) not obove, (I) (we) (did) (did not	D BY: E CAUSE (D) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH THE HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) (b)) oftended the deceased from	JENGE OF JENCE OF DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? 200 IN C YES NO IN C URRED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN to What was a second of the dote and the dote a	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY ST. 19 And the couses start 22c. DATE SIGNED

STATE OF MARYLAND



death

or other troumatic

Then please

of Health and Mental Hygiene prior to burial, cr

marked or Item 18

MPORTANT: If Hem 21 is

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burial-transit per

CERTIFIC

MEDICAL

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been

or attending physician

ATTENDING

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE OF DEATH	REG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	Mary	E	widole	gleman		November 20	, 15	981	26 HOURAN 9:05 XP
3.SEX Female		4 RACE White		S DATE O	F BIRTH 192 [°] 2°	6 AGE (IN YEARS LAST BIRTHO	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HR HOURS MI
10 BIRTHPLACE (STATE COUNTRY) Maryland	1		WHAT COUNTRY?	MARRIED WIDOWEL		Baltimore City OR C			,
Towson		(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET Joseph B	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (Type of work for most of w		12b. KIND O INDUSTRY	F BUSINESS C
130. STATE Maryland	NURSING HO		GIVE RESIDENCE BEFORE 130 CITY OR TOW Baltim	ore	13d INSIDE CITY LIMITS? YES X NO [13e SPEEL ADDRESS YORK	Rd		
14 FATHER'S NAME Edward	7	MIDOLE Hei	lman LAST		15 MOTHER'S MAIDEN NA Elizabeth			Sudsbe	rg
160 WAS DECEASED EN	VER IN U.S. AI	RMED FORCES? IVE WAR OR DATES)	215-16-		17 INFORMANT Mrs Theresa	ADDRESS E Lawrence		2 Hamil	ton Ave
PART I. DEATI	IMMEDIA Only, which immediate	ED BY. ATE CAUSE (a) DUE TO, OI	RAS A CONSEQUE A VAN RAS A CONSEQUE	right CED	Cerebral Inf FENERALIZED MELLITUS	ATHENISE	leno.	BETWEEN C	MATE INTERVAL DNSET AND DEATH - D A YS 9 EANS
	NEPH.	nosclero	the UI	emia	NOT RELATED TO THE TERM			VEN IN PART 110	

IN CERTIFYING CAUSES OF DEATH? YES [ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC)

NOT WHILE 81 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased olive on. and that in (my) (even) apinian death occurred an the date and hour and from the causes stated abave, (1) (wa) (did) (did not) view the bady after death. SIGNATURE

DEGREE 22t. DATE SIGNED ATTENDING PHYSICIAN STAFF MEDICAL DIRECTOR | PHYSICIAN 22e ADDRESS

LEWANDOWSKIM.D

23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Burial Baltimore, Maryland Woodlawn

Leonard J Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within retained by the hospital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fulled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 1 2 8 0 8

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
DECEASED NAME	FIRST	MIE	DDLE		AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Joseph	Wi	11iam	Err	mer, Jr.	Nov. 26		1	2:00 4
3. SEX	4.	RACE		5 DATE C		6. AGE (IN YEARS LAST I	SIRTHDAY)	MONTHS DAYS	
Male		White			7. 19, 1919	62	YRS		HOURS MIN.
O. BIRTHPLACE (ST	ATE OR FOREIGN 71	CITIZEN OF W	HAT COUNTRY?		Y	9 BALTIMORE CITY			
Maryland		U.S.A	•	WIDOWE		Baltimon	e Co	unty,	M
O. CITY OR TOWN	OF DEATH		SPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND (OF BUSINESS OF
Lutherv	ille		enbury 1			Sales & I			
SUAL RESIDENCE	IF NURSING HOME OR O'	THER INSTITUTION GI		E ADMISSION)	1 13d. INSIDE CITY LIMITS?				
Maryland	Balti		Luther			1416 Tent		Road	
14. FATHER'S NAME	aati	DDIE	LAST	243	15 MOTHER'S MAIDEN IN				
		111iam	Ermer,	Sr.	Elsie	Charlotte	2	Reinhar	dt
160 WAS DECEASED		ED FORCES? IN	SOCIAL SECL		17_INFORMANT	ADD	RESS		
Yes			220-05-	2184	Mrs. Bette	D. Ermer	Same	as #13.	
18 CAUSE OF	DEATH (Enter only	one couse per lir	ne for (o), (b), on	id ic				APPROX 8ETWEEN	ONSET AND DEATH
PART I. DE	ATH WAS CAUSED		Detasta	stic o	arcinoma o	+ prostat	e	2 22	
185	MMEDIATE					1			
Conditions, if	O which	DUE TO, OR A	as a consequ	ENCE OF				THEFT	
gove rise to	immediate	(b)							
couse (o), underlying	stating the	DUE TO, OR A	AS A CONSEQUI	ENCE OF					
20		(c)		-					
PART 2 OTHER	R SIGNIFICANT CO	nditions <u>con</u>	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION (GIVEN IN PART 1	0
19a DATE OF C		F							
J 19a DATE OF C	PERATION	196. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDING CAUSES	
£					. 35	YES NO	1	YES 🗌	NO 🗌
	G CAUSE OF DEATH	11b. TIME OF I	MONTH D	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF IN	URY IN ITEM 1	8 PART 1 OR PART 2)	
OR CONTRIBUTION	G CAUSE OF DEATH	P.M.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19					
OR CONTRIBUTION	CCURRED	21e. PLACE OF			21f. LOCATION				
WHILE	NOT WHILE AT WORK	(AT HOME, STREET	, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
	na (I) his hospital) ottended the o	deceosed from_	10	19 50	to	11	10 51	tho (1) we) los
	eceosed olive on (we) (did) (did not)	44/-		, on	d that in (my) our) opinio	n death occurred on the	date and h	nour and from the	couses stated
22b. SIGNATUR	we) (did) (did not)	view the body of	ter death.		DEGREE			22c. DATE	
1	Ya. 11 1 . 14. Sol				ATTENDING	_ MEDICAL _ STA	AFF _	11/2	2/01
22d PHYSICIAN	N'S NAME LIVE OR D	PINT			PHYSICIAN 22e ADDRESS	DIRECTOR PHYS	CIAN	1.12	7/01
		KINT) V							ST ALE
	M. Lichte					lvedere Ave	• Ba	alto., Mo	d.
23a. BURIAL, CREMAT		23b. DATE			EMETERY OR CREMATORY	CITY OF TOWN		COUNTY	STATE
Cremation		Nov.27,			Park Cremato			Maryla	ALC: UNKNOWN
14 FUNERAL DIRECT	OR		ADDRES 10	050 Yo	TIC ICOAG	ATE REC'D. BY REGISTRA			Mathew
Ruck Tows	on Funera	1 Home,				0 1 3 0 1 9 8 1	por	60	, code, local

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Joseph Tille See, J. J. J. J. See, J. the first parties of the state took prints 1.2 % plints 30% projects 44-20 Joseph Million Ar mr. 12. | Distance Company of the control of the mes 1. Identicaell, 2.0. 2021 . Clyasero are. 10100., su. tre con a constant of the cons Mide Lo Col Euleyal old, Ide. Morso, M. T. Sul

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 2a DATE OF DEATH 75 HOUR (TYPE OR PRINT) Sr. Patrick FARRELI November 28 981 Thomas 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR DAY White Male 10 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Marvland TISA WIDOWED DIVORCED Baltimore County ID CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Franklin Square Hospital Rossville Caulking & waterproofing SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 21128 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Perry Maryland Silver Spring Road Ha11 5004 NOT 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME O MIDDLE MIDDLE Joseph Farrel1 Margaret Henderson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No Shirley L. Farrell 5004 Silver Spring APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INFARCTION. PART I DEATH WAS CAUSED BY 'OCARDIAL IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost ö ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED ene pri IN CERTIFYING CAUSES OF DEATH? shows NOF NO V Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21b. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED ō 21e PLACE OF INJURY 21f. LOCATION COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 STREET CITY OR TOWN STATE the morked NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR: and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

Francis Carmady, M.D.

22e ADDRESS

3201 N. Charles Street

230. BURIAL, CREMATION, REMOVAL Buria1

23b. DATE 11/30 23c NAME OF CEMETERY OR CREMATORY St. Joseph Ch. Cem. Fullerton

Baltimore

24 FUNERAL DIRECTOR DHMH-16 50M 1/81 (VRA 15, 4)

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MPORTANT:

the the

7401 Belair Road Lassahn Funeral Home



250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME A DATE KNOWN (TYPE OR PRINT) ESTI DEATH MATED EVA FEE 4. RACE DATE OF BIRTH IF UNDER 1 YR 3 SEX & AGE (IN YEARS IF UNDER 24 HRS DATE YEAR MONTH LAST BIRTHDAY RONOUNCED OUR W 7/14/96 85 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | FOREIGN COUNTRY) Baltimore County Maryland USA WIDOWED X DIVORCED [BE FILED, V ID. CITY OR TOWN OF DEATH 26 USUAL OCCUPATION TYPE OF WORK IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY V 24 HOURS AFTER DEATH. IF ANY 3TO THE ALONG WITH FORM PM 3. RETAIN PAI ALONG WITH FORM PM 2. SHOULD BE HEST PERMIT. PAGES 1 AND 2 SHOULD BE HEST PERMIT. PAGES 1 AND 2 SHOULD BE HEST PERMIT. Greater Baltimore Medical Ctr. Towson Homemaker Own Home USUAL RESIDENCE HE IN NURSHID 13a. STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 104 W. University Pkwy. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Peddicord Emma Veirs Jermiah 164 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANT ADDRESS (YES, NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Edwin V. Fee 217 01 3006 Balto. . Md. 18 CAUSE OF DEATH (Enter only one cause per line for a lab and (& USED AS A BURAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PAAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR A ONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR ASIA CON SEQUENCE lying cause lost. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19s. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES [] DEPARTMENT 71a. EXTERNAL CAUSE WAS 出 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURYAN ITEM 18 PART) OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MONTH DAY THIS CERTIFICE, WRITING THE MEDICAL PRIOR PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SH AFTER DEATH, WITH THE STATE DEP BALLIMORE, MARYLAND, 21201 PRI 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT NOT WHILE STREEL 220. I certify that I took charge of the remains described above, held ap-Autopsy and in my opinion death resulted frame Klatural causes EDICAL EXAMINER Charles F. O'Donnell, M. DODRESS York Road, Balto., Md. 21204 (TYPE OR PRINT) 730 BURIAL CREMATION REMOVAL 736 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION COUNTY Holy Redeemer 12/1/81 Balto Burial Henry W. Jenkins & Sons Co. DHMH-17 4905 York Road Balto. . Md. 21212 (VR A 15 ME (5) 15M 2/80

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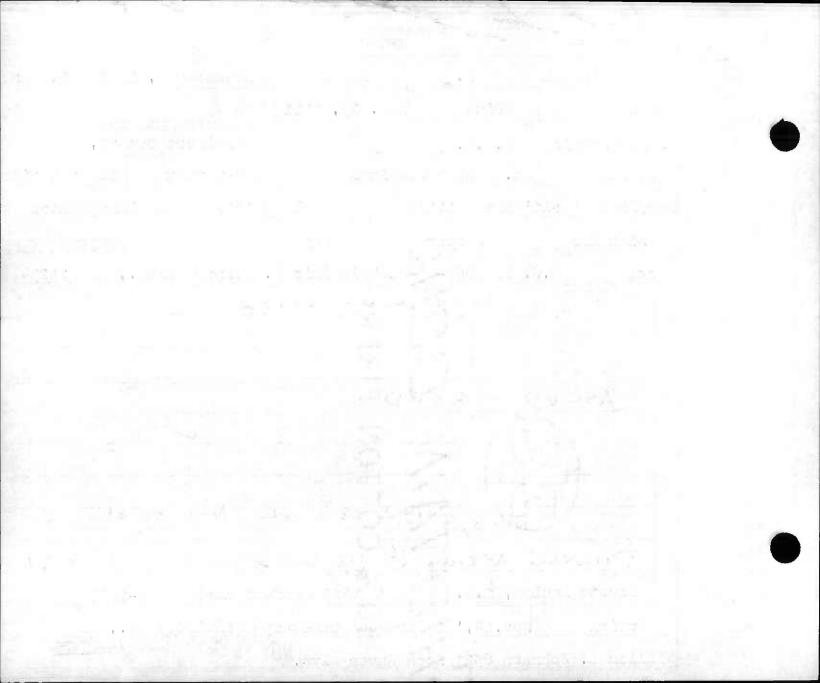
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct should be detached for use as the buriol-transit permit. Then please remove carbon papers-Pages 1 and 2 should be filed within 72 hairs with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

2	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1	2.	8 0	8 9		
2		CEASED NAME	FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DA		26 HOUR		
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morked or Item 18 shov	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK ALWORK	USE OF DEATH LEXAMINER) D 21e. PLACE (AT HOME S	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	216 HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJU		T 1 OR PART 2) COUNTY	STATE		
MPORTANT: If Item 21 is r		sow the deceased obove, (1) (we) (did 27th, SIGNATURE 27th, Physician's NAM	Aquino, M	votter death 19 s		od that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN PHYSI	MEDICAL STAL	FF	22c. DATE S			
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FOR

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DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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IF UNDER ! YEAR

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COUNTY

COUNTY

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12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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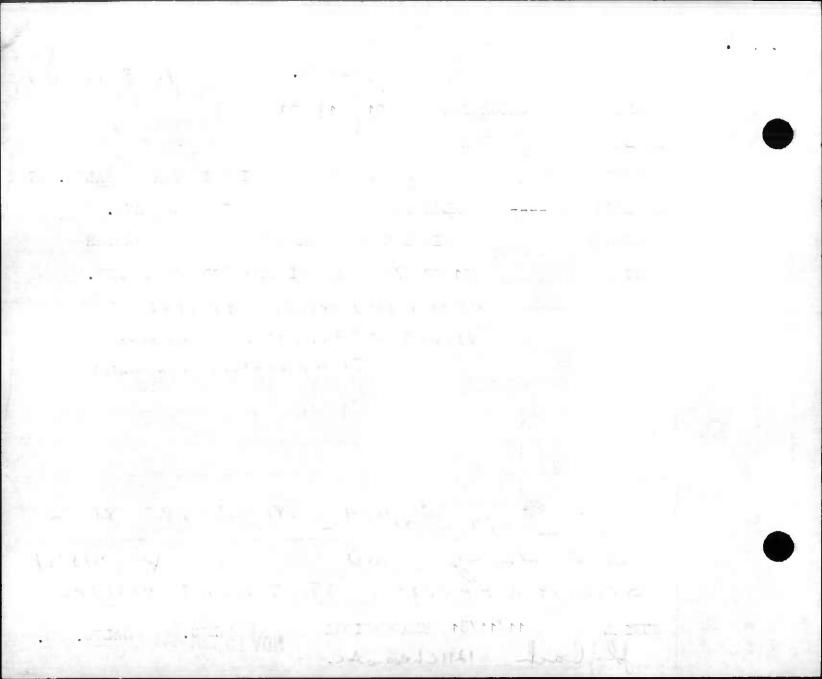
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2a DATE OF DEATH



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, BALTIMORE, MAI	icate be executed w	hysician and cample popers. Pages 1 and aval.	ent, the medical exam
RDS, 201 W. PRESTON ST.	equires that the death certif	n signed by the ottending p Then please remave carban, ta buriot, cremotian, or rem	injury, ar other troumatic eve
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hoursed by the haspital ar attending physician.) FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilling in and be detoched for use as the buriol-transit permit. Then places remove carbon popers. Pages 1 and 2 shauld by the State Dept, of Heolth and Mental Hygiene prior to buriol, cremotion, or removal.	PORTANT: If Item 21 is marked or Item 18 shows any injury. ar other troumatic event, the medical examiner
	HOSPITAL OR A	FUNERAL DIRECTOR PROPERTY THE State Dept.	PORTANT: If Item

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) JAMES **ARTHUR** FINDLEY November 11, 1981 11:45a 3. SEX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH White Feb. 26, 1909 Male 70. BIRTHPLACE IS ATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Pennsylvania Baltimore County WIDOWEDIX DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rosedale Franklin Square Hospital Shop Foreman Trucking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3127 Vulcan Road Baltimore Baltimore Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Elizabeth Findley Herman Ashmore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 3220 Wallford Drive (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-16-4266 James E. Findley Baltimore, Maryland No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH Enter only one couse per line for lot, (b), and ici PART I. DEATH WAS CAUSED BY Myocardial Infarction IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Probable Sepsis gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Suspected Abdominal Aneurysm 11/10/81 NO [71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE 22a.1 certify that X (this hospital) attended the deceased from November saw the deceased alive on November 11 19 81 and that above (did) (do not) view the body after death. November , and that in (n) (our) apinion death occurred on the date and haur and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

EDUARDO DIEGUEZ 9000 Franklin Square Drive 21237 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OF TOWN Md. Nov. 14.1981 Street Harford Buria Emory 24 FLINERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15.4)

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è		THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	9	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	4
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10		21e. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING. CAUSE OF S			VEAR	21s. HOW INJURY OCCURS	RED. TENIER HATURE OF HOURS	PETER TR. PART T CREPART	21
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5		saw the deceased alive a above, (I) (whi) (did) said		ofter death.	7/:	d that in (my law opinion a	death accurred on the date	and text reserves about and	201-92-91-100-100-1
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STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	ILES NIPE ME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	~ ~	Homema	40 -	
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R	14. FATHER'S NAME	MIDDLE D LAYD . 1	15. MOTHER'S MAIDEN NAM	ME MIDDLE	tanta	LAST
4	Warren	Catill	Margre	ナ	200,000	ouse
1	160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNIN OWN) (IF YES, GIV	E WAR OR DATES)		ADDRE		
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1	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a) (b), and (c).) D BY:	erstee Cardist	Gard. N	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
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	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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	obove, (I) (==) (did) (did) 22b. SIGN TURE		DEGREE DEGREE	Death occurred on the do		TE SIGNED
	We SIGNATURE WELL	e. He	ATTENDING	MEDICAL STAF	FF 2	-1-81
	22d PHYSICIAN'S HAME (TYPEO	PRINT)	22e ADDRESS	. 0 . 0 . 1		
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	23a. BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospitol or offending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be timd with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Dippel Funeral Homes, Incoress

250 DATE RECO BY REGISTRAN 1356 REGISTRAN SIGNATURAL PARTIES SIGNATURA PARTIES SIGNATURA PARTIES SIGNATURA PARTIES SIGNATURA PARTIES SIGNATURA PARTIES SIGNATURA PART 7110 Belair Road Raltimore.

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i Ja. f	Female BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COL	UNTY OF DEATH
2	COUNTRY)	USA	MARRIED A NEVER MARRIED WIDOWED DIVORCED	Baltimor	
B 100	Raltimore, Md.	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12g. USUAL OCCUPATION	12h KIND OF BUSIN
20		(IF NOT IN SUCH FACILITY, GIVE STREE		(TYPE OF WORK FOR MOST OF WORK Bookkeeper	Hospital
9 1/51	Randallstown UAL RESIDENCE (IF NURSING HOME O	DRIGHT INSTITUTION GIVE RESIDENCE BEFOR JNTY 13c. CITY OR TOV	ty General Hospital	Dookkeeber	Luosbrear
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\$0	FIRST	MIOOLE LAST	FIRST	MIDDLE	Crofoot
	George	M. Blankr		R. ADDRESS	Crofoot
	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!			
vent, the me	no	215-07-	-8404 Mr. Eugene A	. Fisher, Hamp	ostead, Md. APPROXIMATE INT BETWEEN ONSET AN
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Home, Hampstead,

Funeral

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, th

IMPORTANT: If Hem 21 is morked ar Item 18 shaws

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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	REGISTRAR		CERTIF	ICAIL OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE		LAST	28. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
(TYPE	Aus.	tin G. Fles			November 22	, 1981 _M
3. SE		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
-	ale	White		1 1909 YEAR	72 _{YR}	
	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT		D NEVER MARRIED	9 BALTIMORE CITY OR COU	
	roy, W. Va.	USA	WIDOWE	DI DIVORCED	Baltimore (ounty MD.
	ity or town of death iddle River 21	220 (IF NOT 38 CHIEDIN	AL, NURSING HOME (Y, GOT STREET ADDRESS) COOL Bree	ze Dr.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b KIND OF BUSINESS OR INDUSTRY
13a S	AL RESIDENCE IF NURSING HOME		DENCE BEFORE ADMISSIONI	13d INSIDE CITY LIMITS?	136 STREET ADDRESS DI Co	ool Breeze Dr.
14. F/	ATHER'S NAME			15 MOTHER'S MAIDEN NA		
	John J. F	lesher	LAST	FIRST F1	orence MIDDLE V. You	oung
	VAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
(YENO OR UNKNOWN) (IF YES C	GIVE WAR OR DATES) 23	4 18 2143	Janie E. Fl	esher, Wife	Same
CAL CERTIFICATION	Conditions, il ony, which gove rise to immediate couse 10, stating the underlying cause lost	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIBUTE 19b CONDITION FOR ASTA (CONDITIO	CONSEQUENCE OF UTING TO DEATH BUT	N WAS PERFORMED	AINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN 11EM)	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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	22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did)/did r	n	19 8, or		deoth occurred on the dole and	1
	226 SIGNATURE	my		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	11 23/8/
	MYO	OR PRINT) THAT		220 ADDRESS 9101 A	110 -	1237
	BURIAL, CREMATION, REMOVA	23b. DATE 11/25/81		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Balti	more Co., Md.

Old Eastern Ave.

PA 1407

Home

BY REGISTRAR 25b.

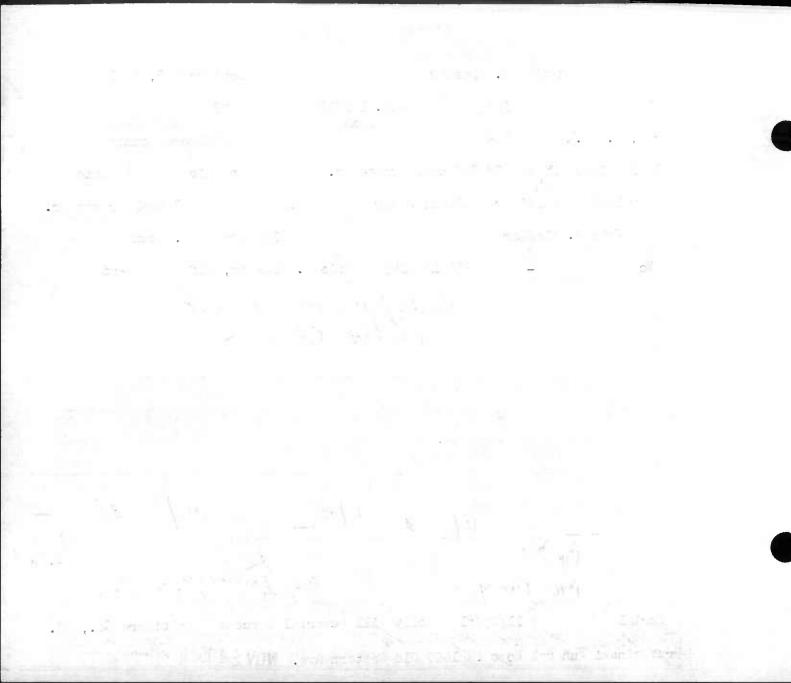
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de retained by the haspital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compitately tilled in to the should be detached for use as the buriol-transit permit. Then please remove carbonpoper. Payer Land 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, this

STATE OF MARYLAND DEPARTMENT OF HEALTH AN **CERTIFICATE O**

D MENTAL HYGIENE F DEATH	8	9	2	8	Ü	9	-
		REG. N	10.				
2a D	ATE OF	DEATH	MONTH	DAY	YEAR	2b. HOUR	_

1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE Ö	REG. NO.	2 8	U Y	Ö
	CEASED NAME F#ST		MIODLE	ı	AST	2a DATE	OF DEATH MONTH	DAY YEA	2b. HO	UR
	FRANK	M	onroe	FLO	WER, JR.	NOVE	EWBER 14, 1	1981	2:15	5 рм
1 SE	X	4 RACE		5. DATE C		6. AGE ((IN YEARS LAST BIRTHOAY)	IF UNDER I Y	EAR IF UNDE	R 24 HR5
	MALE	WHITE		JULY		61	YRS		ATS HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	D. BALTIMORE CITY OR COUNTY OF BEATU			d	
	KENTUCKY	U.S		WIDOWE	DI DIVORCED	BALT	FIMORE COUN	TY		MD.
10. C	TY OR TOWN OF DEATH	NAME OF I	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		AL OCCUPATION WORK FOR MOST OF WORKING	12b KIN	ID OF BUSIN	ESSOR
FO:	RT HOWARD				ION MED. CENT	PER I	PEST ENGINE		Š'. Gov	7't.
130 3	STATE 136 COU	R OTHER INSTITUTION. NTY TRFAX	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS? YES NO		ET ADDRESS 10 BYRD DRI	VE		
14 FA	THER'S NAME	MIQDLE	LAST		15 MOTHER'S MAIDEN NA	AME				
Fr	ank M. Flower,				Rachael Adam	ns	WIGOTE		LAST	
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
		III	402 26 2	065	CLIN. RECDS.	VAMC	FORT HOWA	RD, MA	RYLANI)
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one cause per ED BY: .TE CAUSE (o)			INFARCTION				ROXIMATE INTE EEN ONSET AND INUTES	RVAL DE ATH
	4100	DUE TO O	r as a conseque	NCE OF						
	Conditions, if any, which	(b)_								
	gave rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
	underlying couse lost	(c)								5 14
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISE	ASE OR CONDITION G	EVEN IN PART	l la	
NO.	CEREBROVASCULA					NIA W	ITH RESPIRA	ATORY [TSTRE	SS
MEDICAL CERTIFICATION	19g. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AU	IN CERT	YES, WERE FIN TIFYING CAUS YES [TH?
CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME O		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER	NATURE OF INJURY IN ITEM 15	B PART I OR PART	2)	
CAL	OR CONTRIBUTING CAUSE OF DE	AIR		19						
EDI	21d. INJURY OCCURRED	21e. PLACE O	OF INJURY EET, FACTORY, OFFICE, FA	0 57.5	21f. LOCATION STREET		CITY OR TOWN	COUNTY		STATE
2	WHILE AT WORK	(AI HOME SIK	EET, PACTORT, OFFICE, PA	(RM, EIC)	SINCE		CITY ON TOWN	COUNTY		ITATE
	22a I certify that (this hasp saw the deceased alive or	ital) attended the	e deceosed from	10/	6 19 81	, to	71/14	. 19 81	, that (\$ (we) lost
	saw the deceased alive or above, (we) (did) (did	view the body	ofter death	on.	d that in () (our) opinion	deoth occur	rred on the date and he	our and from	the couses sto	oted
	226. SIGNATURE	V	00		DEGREE			22c. DA	ATE SIGNED	
	Much	Kun	m Clie	near 1	7/3/35 ATTENDING PHYSICIAN [MEDICA DIRECTO	AL STAFF OR PHYSICIAN &	11	/1), /81	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	-	11-	22e ADDRESS				14/01	
	A.K. CHOPRA	, M.D.			V.A. MEDICAL	CENT	THE TT. HOW	ARD. M	D. 210	52
	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d LO	CATION			
	specify)	Nov. 17.	1981 Fair	rfax 1	Memorial Park		irfax, Va.	COUNTY	5	TATE
24 FL	INERAL DIRECTOR	15 W	allan	e			Y REGISTRAR 256. REGIS	STRAR'S SIGN	ATURE	
Eve	erly Funeral Ho	me 10565	Main St.	Fair	rfax, Va. NU	V 18	1981 desnes	6 Jan	Marth	4

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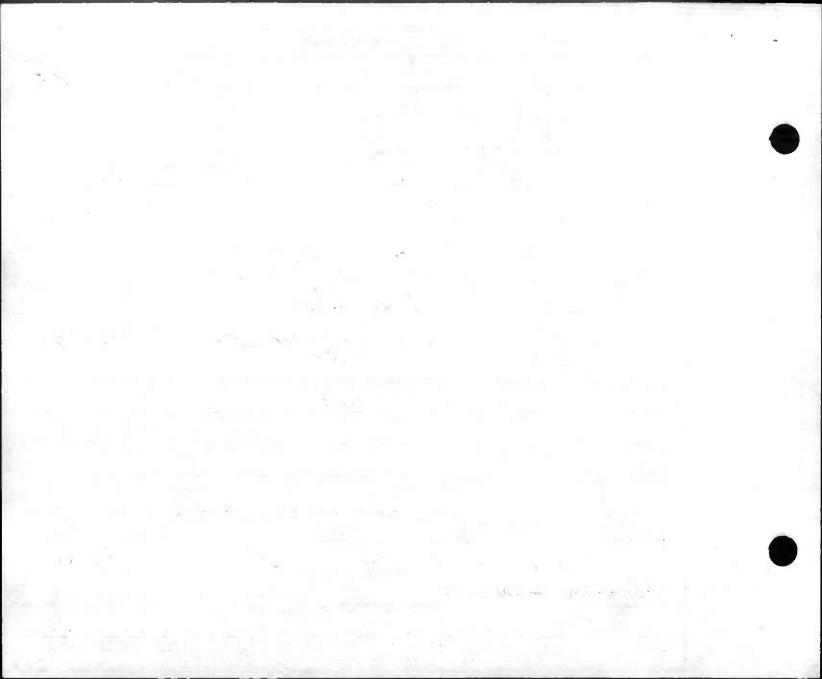
Page 4 may be

The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OF ATTENDING PHYSICIAN: retained by the hospital or attending physician.

. 5	FOR 1 - STATE		DEPARTMENT	OF HEALTH AND MENTAL HY	GIENE 8	2 8	0 9	1
1	REGISTRAR		CEN	TIFICATE OF DEATH	REG. N	0.		
/	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY Y	YEAR 26. HO	UR/O
death death	LE	0		FOX	NO	OV. 20, 1	1981	P.M
ap La	3. SEX	4 RACE		TE OF BIRTH	& AGE (IN YEARS LAST BIRT			R 24 HRS
once.	MALE	CAUCASI		AN. 11, 1906	75	YRS MONTHS	DAYS HOURS	MIN.
hour	TR BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	RRIED NEVER MARRIED	1 BALTIMORE CITY O		ATH	
109	NEW YORK	U.S.A	. WIDI	DWED DIVORCED	BALTIMORE	E COUNTY		MD.
00	10 CITY OR TOWN OF DEATH BALTIMORE	I F NOT IN SUCH FAC	OTAL, NURSING HOUSE BUTY, GIVE STREET ADDRESS ODENE RD.	ME OR OTHER INSTITUTION	12n USUAL OCCUPATION OF WORK FOR MOST OF SUPERVISOR	F WORKING LIFE) INDL	KIND OF SERV USTRY SERV S. POSTA	VICE AL
	USUAL RESIDENCE (IF NURSING HO 130 STATE MARYLAND	OUNTY 13c	residence before admiss CITY OR TOWN LTIMORE	134 INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 6001 PARK	HEIGHTS A	AVE. #:	2121
×a×	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA				
30C	ISRAEL	MIDDLE	FOX	BERTHA	MIDDLE	WEIN	NSBELBAU	JM
	160 WAS DECEASED EVER IN U.S		SOCIAL SECURITY N	O. 17 INFORMANMR. A	BRAEL FOXODRE	55		
e 2	(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	05-24-639					
event,	18 CAUSE OF DEATH (Ent						APPROXIMATE INTE	RVAL
burial, cremation, or ijury, or other traun	Conditions, if any, whice gove rise to immediate cause (a), stating the underlying cause los	b (b) DUE TO, OR AS	A CONSEQUENCE C	roma of color	n with n			n.
ny ir	Z			Kne				
shows an	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYIN	196 CONDITION	FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA		TH?
Item 18	DO CONTROLLENIO CAUSE		URY MONTH DAY YE	AR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	IY IN ITEM 18, PART 1 OR PA	ART 2)	
5	(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE OF IN		21f LOCATION				
marked	WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FARM, ETC	STREET	CITY OR TOV	/	iTY S	STATE
m 21 is	220.1 certify that (1) (this saw the deceased allo above. (1) (we) (did) (d	e an which the decided not) view the body after	1801	and that in (my) (our) opinion	death occurred on the do		that (1) (am the couses st	_
ate Dept.	226. SIGNATURE	gham bor	recin ,		MEDICAL STAI	FF ,	DATE SIGNED	
with the State	ABBAHAM	YPE OR PRINT) GENEC	IN	220 ADDRESS 611 PARK AV	ENUE .			
3 2	230. BURIAL, CREMATION, REMO (SPECIES) REMOVAL/BUR	IAL 11-22-81	MT.		23d LOCATION CITY OF TOWN FARMINGDA		N.Y	TATE
H-16 25M 15, 4) 1/79	24 FUNERAL DIRECTORSUL	LEVINSON & B TERSTOWN RD.	RUS. INC	MD 21215 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAPS ST	an last	hen

STATE OF MARYLAND



6	Ŀ	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	2809
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
			AWEASE	Foy		11 12 81 2"
	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS
	1 0	FEMALE RTHPLACE (STATE OR FOREIGN	NEGRO 75 CITIZEN OF WHAT COUNTR	06 24 17	67	YRS
77		S, C.	71.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	10-11	OR COUNTY OF DEATH
53	10 C	TY OR TOWN OF DEATH	111. NAME OF HOSPITAL, NURS US NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION PORCESSION CHEROLOGICAL C	12d USUAL OCCUPATION OF CHECKE	12b. KIND OF BUSINES INDUSTRY
35	USU. 13a. S	AL RESIDENCE (IF NUR STATE)	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) OWN 13d INSIDE CITY LIMITS? YES Y NO	13e STREET ADDRESS	eton Ave
S (Jamine	14. F/	THER'S NAME FIRST	MIDDLE MC LAST	15 MOTHER'S MAIDEN N.		LAST
2 Supplied		VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRE	1945 Clifton Pr
ws any injury, or other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
shows	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO D	YES NO
2		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	(Eller HATOKE OF HOO	A THE TO PART TO WE PART 2)
morked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TO	MN CONNIA 21
T: # #em 21 is		22e.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) (22b. SIGNATURE	not) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	, 10	
MPORTAN		DR · SUD		TL Bal. Co	unti ben	· Hosp.
₹		URIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN AND MARKET	US COUNTY MASTA
81		URIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY POBLICUS NOCHO PK	23d LOCATION	2

E AT SEAR AND THE SEAR AND ADDRESS A the rate and the same of you all merch sell a real well as the sale will be a set to be a set of the A REST TO SERVE TO SERVE THE SERVE TO SERVE THE SERVE TO SERVE THE SERVE TO SERVE THE And the second second for the second Land of the Street Street Street Street Street The series of the second of the second of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

DATE OF BIRTH

MONTH

6

REG. NO

(AN YEARS LAST BIRTHDAY)

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

YRS

20 DATE OF DEATH

AGE,

YEAR

8

YEAR

IF UNDER I YEAR

2b. HOUR,

IF UNDER 24 HRS

MIN.

DAY

	Maryland	a ky	U.S.	A.	WIDOW	ED DIV	ORCED	BAL	-///	MORE	COU	/) / 3MD.
) C	ITY OR TOWN OF DEA	ATH 11.			URSING HOME (OR OTHER INST	ITUTION	12a USUAL OC			12b. KIND OF	BUSINESSOR
	Towson	5	TY	TOSE	PH 110	SPITA	1	Sales	OR MOST OF	uto P	irts	
	AL RESIDENCE (IF NURS STATE MD	13b COUNTY	TO	13a CITY OF Parkv		13d INSIDE CI	TY LIMITS?	STREET AL	DDRESS A	KLEI	6 H	1)
FA	ATHER'S NAME	MIDI	DIF	LAS	ST		MAIDEN NAM		MIDDLE	4	ACT	
	James	Vincer		Frazi		Mary			MIDDLE		Has 1u	P
	WAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMAL	VT s	4	ADDRES	S		
	YES, NO OR UNKNOWN)	1958 -	1959	215-	30-0045	Joan F	razier	Same	as i	¥13.		
	18 CAUSE OF DEAT PART I. DEATH W	H Enter only of AS CAUSED B	Υ.	line for ion		OLMON.	ARY	ARI	265	7	APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
	4100	1:1	DUE TO, O	RAS ASON	SEQUENCE OF	15	MYOCA	200.0	, _	A FORE		- 19
	gave rise to imr		(b)		0/0///	1	11001	P 601 611	T	4 Chine	C /	
	underlying cause		DUE TO, OI	R AS A CON	SEQUENCE OF							
	PART 2 OTHER SIGN	NIFICANT CON	VDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE (OR COND	TION GIVEN	IN PART I a	
S												
CERTIFICATION	190 DATE OF OPERA	TION	196. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFOR	MED	20e AUTOPS		20b. IF YES, W IN CERTIFYIN YES [
E CHE	21g. ACCIDENT WAS UNI	DERLYING	21b. TIME O			21c. HOW INJ	URY OCCURRE				OR PART 2)	
AL	OR CONTRIBUTING		HOUR A.		DAY YEAR							
EDIC	21d. INJURY OCCUR		21e. PLACE		19	211. LOCATIO	N					
ž	WHILE NOT WE AT WO	HILE	(AT HOME, STR	EET FACTORY, C	PFFICE, FARM, ETC.)	STREET			CITY OR TOWI	N	COUNTY	STATE
	22a. I certify that U	4-	attended the	deceased f	rom	11	19 81	10 //	110	. 19	0-1 11	nat (I) (we) last
	saw the decepe	ed, olive on	11/1	/	/ It / /	nd that in (my).(our) opinian de	eath occurred	on the date	e and haur ar	nd from the co	
	226. SIGNATURE	Al	h		/ //	DEGREE		_			22c. DATE S	MED
	some-	7	· /les	ni	4119.		TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		11/11	1/2/
	22d. PHYSICIAN'S N	AME (TYPE OR PR	INT)	0-		22e ADDRESS						
	5/6	VEN	N.	RES	NICHT	15%	JOE	SEPL	15	ER.	100	
3o. 6	BURIAL, CREMATION,		36. DATE	1001	23¢ NAME OF C			23d LOCATI		_ 4	QUNTY	STATE
	Burial]	Nov.14	,1981	Morelan			-1				ary Tand
k	UNERAL DIRECTOR			ADD	KE22	ork Road		REC'D. BY REG	SISTRAR 25	GENERA	SHONATH	egazietaci
Ru	ick Towson	Funera	1 Home	, Inc.	Towson	,Md.2120	14 10	1771	981	1301000	0	
												-

requires that the death certificate TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician. BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detacked for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MAPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examines myst be not

poge 3

ictor.

s ofter deap

within 24 hours after death. Page 4 may be

executed

FOR STATE

70 BIRTHPLACE

3. SEX

REGISTRAR

FIRST

DONALD

(STATE ON FOREIGN

4 RACE

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

DECEASED NAME

A COLUMN COLUMN

 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

1 -	FOR STATE REGISTRAR		D	EPARTMENT OF F	ICATE OF		IENE B	NO.	8 1	0 0
	CEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(I YPE	OR PRINT)	VIRG	INA FRAZI	ER				11/2	3/81	3:00P M
SE	X	4.	RACE	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST E		IF UNDER 1 YEAR	
	Female		Black	MONTH 3	9 DAY	YEAR //	70	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE		MARRIED	9 BALTIMORE CITY	_	OF DEATH	MD
В	ALT I MORE		6701 N C	HARLES S	T GBI		120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSE K			nestic.
30 5	AL RESIDENCE (IF NURSI	13b COUNTY		OR TOWN	YES 🗌	CITY LIMITS?	130. STREET ADDRESS	ZNNI	9. AU	E
4. F.A	THER'S NAME FIRST	VK MD	DIE V	lebb	IS MOTHER	FIRST	MIDDLE		Si	100ex
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		18-1691	ErNI	ost Br	ANCH S	tewa	artste	17363 WN PA
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	nediate	DUE TO, OR AS A CO		ART E	BLOCK				
NO	PART 2 OTHER SIGN	IFICANT COM	NDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	lav
CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDI	
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c HOW I	NJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18, PA	ART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗍	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCAT		CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) saw the decease abave, (1) (we) (d	(this hospital) d alive an id) (did nat) v	attended the deceased 1 1/23	fram 81 , on	nd that in (my) (aur) apinion o	, todeath accurred on the o	date and hour		that (I) (we) last causes stated
	22b. SIGNATURE	hen	Siegel		DEGREE D	ATTENDING PHYSICIAN	MEDICAL STA	CIAN A	22c. DATE	SIGNED
	22d. PHYSICIAN'S NA				22e ADDRE					
	DR STEP	HEN S	t Gt L		GBN	10				

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the haspital or attending physician.

24 FUNERAL DIRECTOR

23a. BURIAL, (SPEOFF) CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

250. DATE REC'D. BY REGISTRAN 256 REGISTRAN 250 PEGISTRAN 250 PEGISTRAN

A MARK THE PARTY OF THE PARTY O

requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

1	FOR - STATE REGISTRAR		DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MEN' FICATE OF DEAT		IENE 8	£	2 8 1	0 1
	ECEASED NAME FIRST PE OR PRINT)	JAKOB	MIDDLE		FULD		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
3. SI	EX	4 RACE	. 41 4 12	5 DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) GERMANY		A SIAP WHAT COUNTRY?	8 MARRIE WIDOWI	NEVER MARR		9 BALTIMORE CITY C			
1	CITY OR TOWN OF DEATH RANDALLSTOWN	11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET DRE COUNT	ADDRESS)	OR OTHER INSTITUT	ION	12a USUAL OCCUPATION OF WORK FOR MOST OF SALESMAN	ON F WORKING I	126. KIND C	F BUSINESS OF
3a.	JAL RESIDENCE (IF NURSING HOME OR STATE 131 COUN MARY LAND	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE 130. CITY OR TOW BALTIM	N	13d. INSIDE CITY LI		13e STREET ADDRESS 2500 W.BE	LVEDI	APT. 209 ERE AVE.	21215
14. F	ATHER'S NAME FIRST LAZARUS	MIDDLE	FULD		15. MOTHER'S MA FIRST EV	Ά	MIDDLE		SEĽĨ	'G
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	€52-03-6		17 INFORMANT 4111 TEK	MR LEN			R, MD	21157
	PART I. DEATH WAS CAUSED BY. WAS CAUSED BY. WAS CAUSED BY. WAS CAUSED BY. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. WAS CONSEQUENCE OF CAPICE OF CAP							DETWEN	MATE INTERVAL INSET AND DEATH	
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							VEN IN PART 110) 1	
CERTIFICAT	190 DATE OF OPERATION	11.00	IN CERTIFY			S, WERE FINDIN IFYING CAUSES ES []	IGS USED OF DEATH? NO			
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINAMENTAL OF THE CONTRIBUTION OF THE C	TH HOUR A.I P.I 21e. PLACE C	OF INJURY A.M. MONTH DAY YEAR P.M. 19 CE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) 21c HOW INJURY OCCURR 21c HOW INJURY OCCUR			RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE			STATE	
	22a. I certify that (I) (this hospit sow the deceased alive an obove, (I) (we) (did) (did not 22b. SIGNATURE	11 -	18-19	, 01	nd that in (my) (our) DEGREE ATTEN PHYSI	opinion d	eoth occurred on the do	F 44	22c. DATE	

22e ADDRESS

236 NAME OF CEMETERY OF CREMATORY CHEVRA AHAVAS CHESED

PATEL

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal TO FUNERAL DIRECTOR: After this certificate has been BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTO 21215

D.

23b. DATE NOV. 19, 1981

27d. PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

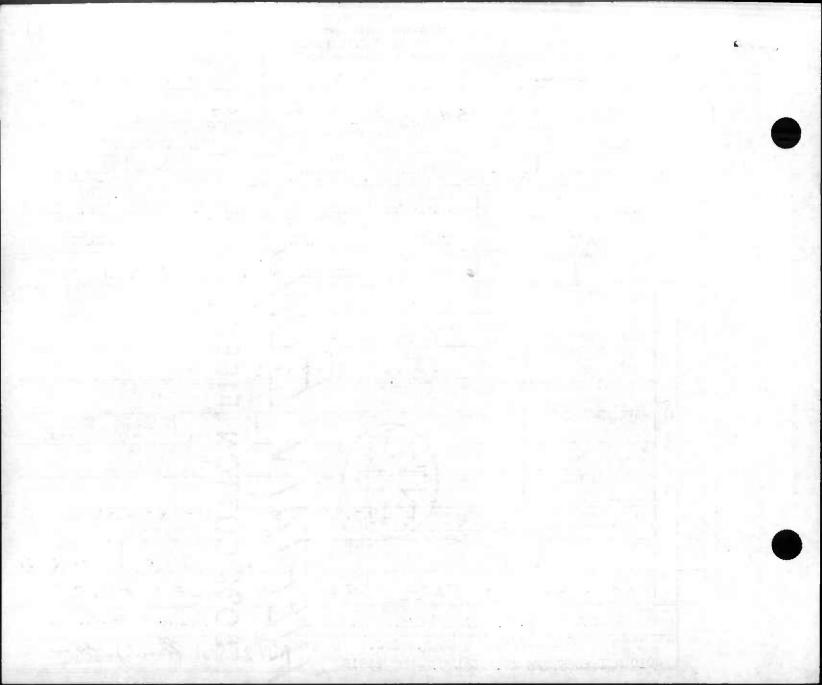
SUDKIR.

75g DAJE REC'D. BY REGISTRAN DEGISTRO SIGNAR

RANDALLSTOWN BALTO.

MDATE

BAL. COUNTY GEN. HUSP.



Page 4 may be

The law requires that the death certificate be executed within 24 hours

ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTER

an and completely filled in by the funeral di Pages 1 and 2 should be filed within 72 hou

STATE OF MARYLAND

	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	28102
	1. DECEASED NAME FRST (TYPE OR PRINT) LOCKET	ed S	Gabs SR	24 DATE OF DEATH MONTH	25 - 81 9:40 M
	MALE	White	DATE OF BIRTH MONTH DAY YEAR 8 7 1900	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	COUNTRY L	U.S.A. IN	MARRIED A NEVER MARRIED	BALTO	CO MD.
	VARKVILLE P	NAME OF HOSPITAL, NURSING HIF NOT IN SUCH FACILITY, GIVE STREET ADD	using Home	126 USUAL OCCUPATION (TYPE OAWORK FOR MOST OF WORKING)	LIFE) INDESTRY E. CO
2	USUAL RESIDENCE (IF NURSING HOME OR OTH 130 STATE 136 COUNTY	TO PARKVIL	Le 13d INSIDE CITY LIMITS?	IJR. STREET ADDRESS	GARHET Rd
C	14 FATHER'S NAME CHOST CORGE T	AUL GALS	TA HH	" UNV	erzag T
	160 WAS DECEASED EVER IN U.S. ARMED (YES, HOORUHKHOWH) (IF YES, GIVE WAI			FAMILY RES	ecords
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE COnditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	7 7 6 6 10 11	EOF E H	iso	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
2	196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTION CAUSE OF DEATHS	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	PED (ENTER NATURE OF INJURY IN ITEM 18	, PART I OR PART 2]
	OR CONTRIBUTION CAUSE OF LIGHTY (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHITE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	ETC) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
	220.1 certify that (1) (this haspital) saw the deceased alive an above. (1) (we'ldid) (die fot) yi	11/23 19/10	L, and that in (my) (gut) apinion of	death occurred on the date and ho	, 19, that (I) (we) last our and from the causes stated

BP. DHMH-16 25M (VRA 15, 4) 1/79

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

230 BURIAL, OREMATION REMOVAL EVANS TU

23b. DAJE

23c NAME OF

DEGREE

720 ADDRESS

CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

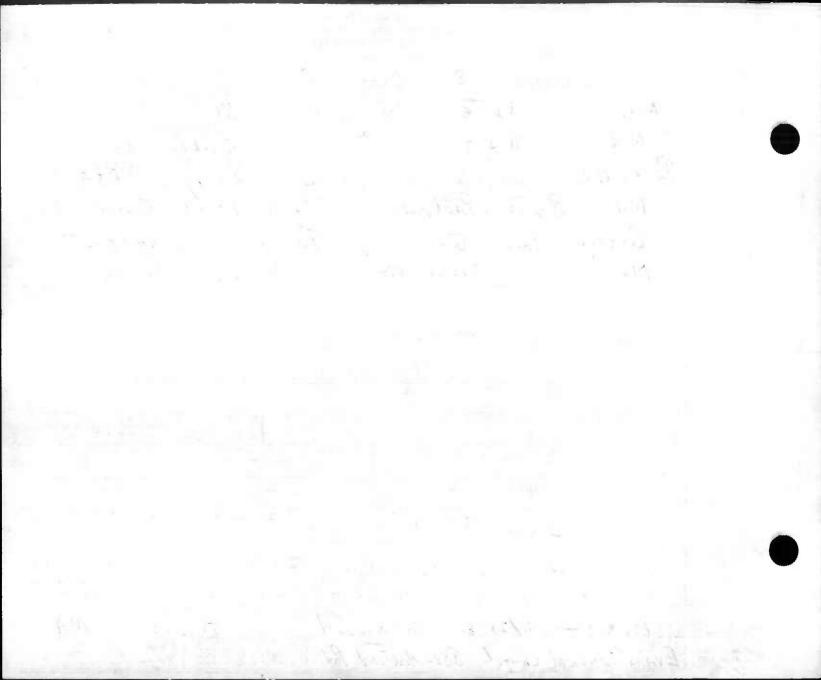
25. DATE REC'D. BY REGISTRAR 25. REGISTRAR'S SIGNATURE NOV 2 7 1981 Rame Jan 1

MEDICAL STAFF

LOCATION CITY OR ADW

COUNTY

22c. DAJE SIGNED



requires that the death certificate be executed within 24 hours off

OR ATTENDING PHYSICIAN. The law

TO HOSPITAL

BP

retained by the haspital ar attending physicion.

	1-	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	REG. NO.	28103
		CEASED NAME FIRST OR PRINT) LYNWOOD	Earl Ga	llier, Sr.	LAST	November 11.	DAY YEAR 26 HOUR
	3. SE		4 RACE White	5. DA	TE OF BIRTH 20, 1927	6 AGE (IN YEARS LAST BIRTHOAY) YRS	1981 8:50 A IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
83	L	rthplace (State Or Foreign Country), Va.	76. CITIZEN OF WI	MAR	RIED NEVER MARRIED	Baltimore Co	unty
00	E	TY OR TOWN OF DEATH SEEX 21221	1606 Day	trord Re Radress	*	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INCOMESTICAL
35	13a S	Maryland 13b Bat		VE RESIDENCE BEFORE ADMISSIN	YES NO YES NO	1606 Dartford R	d. Apt A
30	14 FA	THER'S NAME FIRST Norman	"N: Gall:	Ler LAST	15. MOTHER'S MAIDEN NO.	tle Dueley	LAST
medicol	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16 VE WAR OR DATES)	217 22 35	Dolores T. (Gallier, Wife	
jury, ar ather traumatic	Z	Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	((c)	AS A CONSEQUENCE O	Goul- ar	liv vaseullar De Units MINAL DISEASE OR CONDITION GIV	
aws any is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITK	ON FOR WHICH OPERA	TION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\) NO \(\)
If Item 21 is morked or Item 18 sho	MEDICAL CERTI	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hosp saw the deceased alive ar abave. (I) (we (Mid) (did not 22b. SIGNATURE	P.M. 21e. PLACE OF (AT HOME STREET	MONTH DAY YE. INJURY FACTORY OFFICE FÄRM ETC. Leceosed from	211. LOCATION SIREET , ond that in (my) (our) opinion DEGREE ATTENDING	CITY OR TOWN to to death occurred on the date and hou	COUNTY STATE 19 that (I) (we) last
MPORTANT	00	IRVING R.	BECK		22e ADDRESS 90/ Fuse	lage an Belt.	Md 21220
- 7	B	BURIAL, CREMATION, REMOVAL	11/14/8	Holly	Hill Memorial	Gardens Baltim	ore Co. Mastate

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Tuneral Home PA 1407

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DHMH - 16 50M 1/81 (VRA 15, 4)

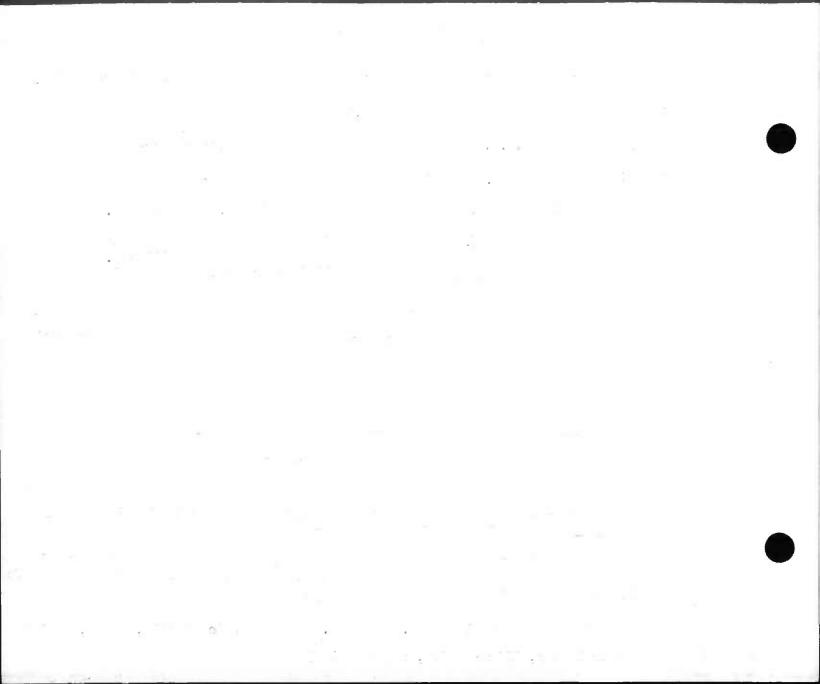
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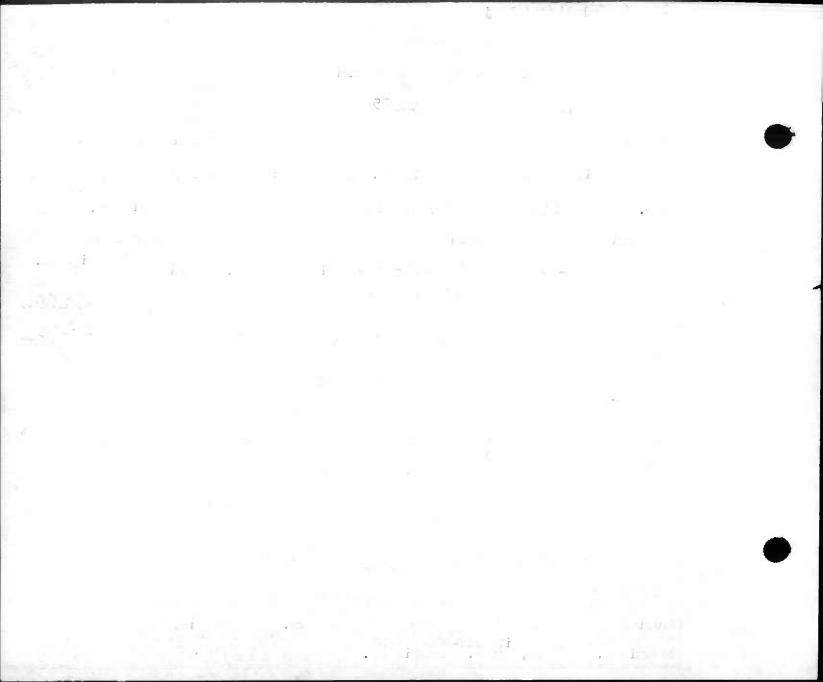
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STATE OF MARYLAND

	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	40.	2 0 1	0
	DECEASED NAME	FIRST	A	AIDOLE	l	AST	24. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
3		anie	Sel	lbv	Gar	diner		11	18 81	501
3	SEX		RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
	female		whit	e	May	29,1883	98	YRS.	MONTHS DAYS	HOURS MI
300	BIRTHPLACE (STATE C	R FOREIGN 7b	CITIZEN OF	WHAT COUNT	RY?	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
50	Maryland		U.S.A.		WIDOWE		Baltimon	e Cou	nty	
30 10	CITY OR TOWN OF	EATH 11		HOSPITAL, NUI		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND O	F BUSINESS (
PEOL	utherville		Colleg	ge Mano	r		housewife		home	9
TATE OF	SUAL RESIDENCE (# N	URSING HOME OR OT	HER INSTITUTION,	GIVE RESIDENCE B	EFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
4 6 6 4 4	Maryland	Baltin		Luther		YES NO	300 W. Sen	ninary	Ave.	
F - 14	FATHER'S NAME	MID	OLE	LAST	-	15 MOTHER'S MAIDEN NA			LAST	
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3 16	WAS DECEASED EV	ER IN U.S. ARME		166 SOCIALS	ECURITY NO.	17 INFORMANT	1534 Put 195	ES\$1-11	Ave.	
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ol, cremor	gove rise to couse (a), sto underlying co		DUE TO, OF	R AS A CONSE	QUENCE OF					
nen pie to bure njury, o		IGNIFICANT COI	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	IDITION GIV	EN IN PART 10	1
prior	19a DATE OF OPE	RATION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	GS USED
20 80	Ě	-			-	-	YES NO		YING CAUSES	NO [
Hygier 18 sho	210 ACCIDENT WAS		216. TIME OF		DAY YEAR	216 HOW INJURY OCCURE		JRY IN ITEM 18, F	PART I OR PART 2)	
	OR CONTRIBUTING		P./		DAT TEAR	7	7.			
ked or It	(IF EITHER, NOTIFY ME 21d IN JURY OCC WHILE NO AT WORK AT	URRED	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
mo the	220 1 certify that	(I) (His hospital	ottended the	e deceased fro	om	JUNE 1961	_, to	V 18	19.31	hot (I) () le
21 is	sow the dece	osed olive on	11 - 16	olter death	9 %], on	d that in (my) (my) opinion (death occurred on the o	late and hou	or and from the c	ouses stated
He m	226 SIGNATURE	1/	1.	A decim	, (DEGREE			22t. DATE S	IGNED 8
% <u>~</u> <u>+</u>		Ken	MA	77 cu	ruy	MA ATTENDING PHYSICIAN	MEDICAL STA		41 -	18. 8
with the State MPORTANT:	22d. PHYSICIAN'S					220 ADDRESS Sur	E 116.	1818	, 101 5	PRINC
PORTA	KEITH	1 A.	MAL	ILEY		LUTHERVIL	LE ME		,	
£ 3 ₹ 23	30. BURIAL CREMATIO		23b. DATE	1 2	3c NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
	(SPEC#Y) buris		11/20			ew Cem.	Marriotts	aville	Howard.	STATE
	FUNERAL DIRECTOR					25e. DATI	REC'D. BY REGISTRAR	25b REGIST	RAR'S SIGNATU	IRE Then
16 20M , 4) 7/78 S	SLACK Funer	al Home	,Ellic	ott Cit	y, Maryl	and 21043 N	OV 191981	Cource	10 Jan	Too for





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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed within 72/with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather troumatic event, the medico

IMPORTANT: If Item 21 is marked or Item 18 shows any

|SPECIFY}

executed within 24 haurs ofter death. Page 4 may be

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requires that

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the haspital or attending physicion.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

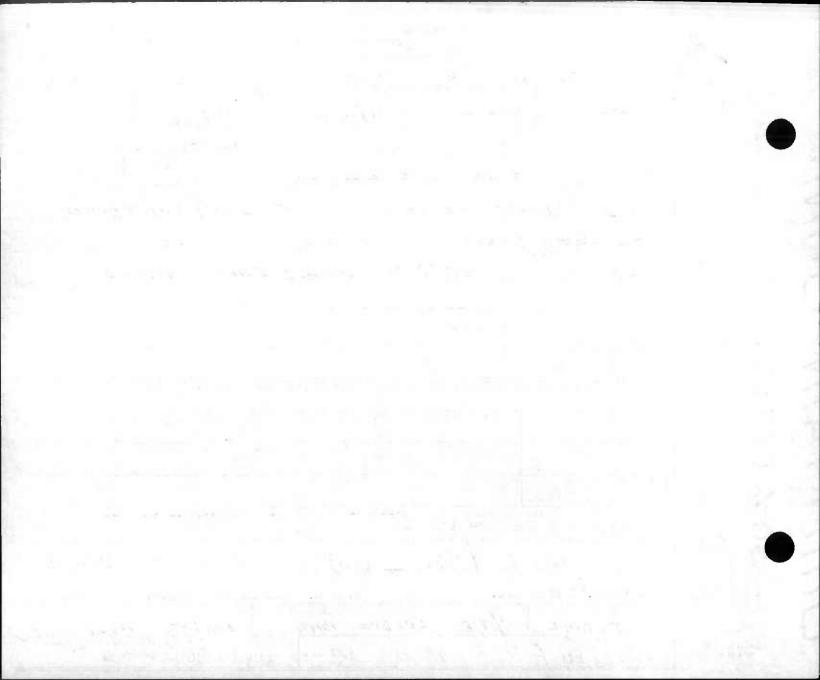
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- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
I. DECEASED NAME FIRST MIDDLE LAST 2a. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
ELIZABETH R GARY 11 - 16	- 81 10:50 Am
J. M. O.	UNDER I YEAR IF UNDER 24 HRS
Female Caucasian $9/2/32$ 449 YRS.	NTHS DAYS HOURS MIN.
TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF BALTIMORE CITY OR COUNTY OF MIDOWED DIVORCED.	F DEATH MD.
	126. KIND OF BUSINESS OR INDUSTRY
OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 131. INSIDE CITY LIMITS? 130. STREET ADDRESS 22/7 VA/47 TES NO B 22/7 VA/47	HORN
14 FATHER'S MAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE AND FRELL AND FREST MIDDLE AND FREST AND FREST MIDDLE MIDLLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE	LAST
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21928 BZO DONALD LSARY ABOUT	E
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
	VERE FINDINGS USED NG CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF MOUNT A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED 210. INJURY OCCURRED 210. PLACE OF INJURY 121. TIME OF INJURY 121. TIME OF INJURY 121. TOWN INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART OF INJURY OF INJURY OCCURRED) 121. TIME OF INJURY 121. TIME OF INJU	1 OR PART 2) COUNTY STATE
Not white Not	
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/16/81
John E. ADams, M.D. 6701 N. Charles St., Balto. MD	21204

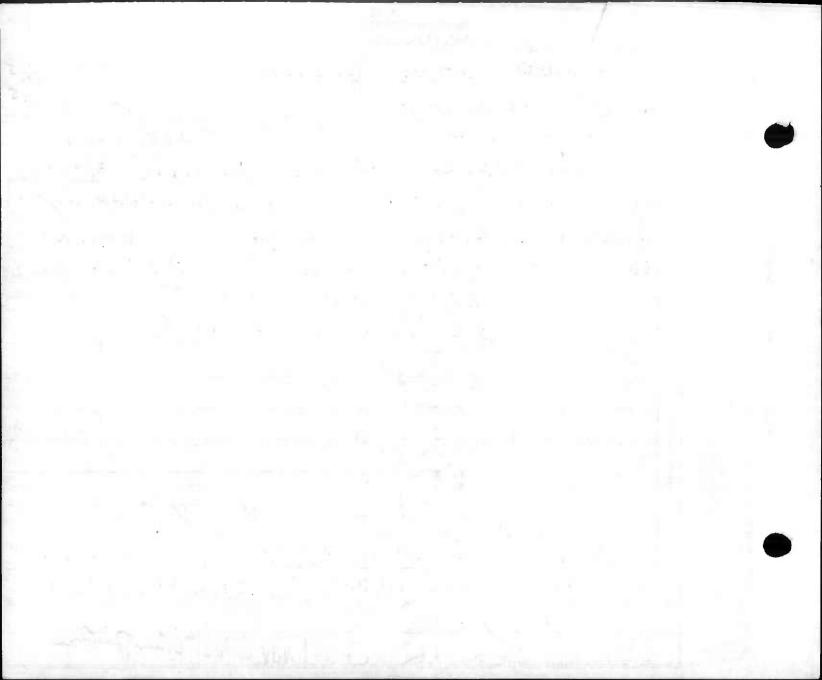
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25a. DATE REC'D.

BY REGISTRAR 251 PEGISTRARS



STATE OF MARYLAND



injury, or ather traumotic event,

MPORTANT: If Item 21 is marked or Item 18 shaws any

		STATE OF MARYLAND	
		DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
FIRST	WIDDLE	LAST	2a DATE

- STATE REGISTRAR			DEFARIA		ICATE OF DEATH	TIGIENE	REG. NO.	6.a	0 :	0 0
DECEASED NAME	Kath	1een	Rose		bson		OF DEATH MO November	20	1981	25 HOUR P
I. SEX	14	I. RACE	· ·	5. DATE C	OF BIRTH	6_AGE (IN YEARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDER 24 HRS
Female		Whit	е		18, 1911 YEAR	- 7	70		THS DAYS	HOURS MIN.
. BIRTHPLACE (STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	(N)	9 BALTIA	AORE CITY OR	OUNTYO	FDEATH	
Maryland	USA		WIDOWE	D NEVER MARRIED DIVORCED	E E	altimor	e Cour	nty	M	
O CITY OR TOWN OF DE Towson	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET • Joseph	ADDRESS)	Tal		AL OCCUPATION ORK FOR MOST OF WINDOWS OF WIN		126 KIND O INDUSTRY	F BUSINESS OF	
JSUAL RESIDENCE (# NUR 36. STATE Maryland	SING HOW OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW. Baltimor	N	13d. INSIDE CITY LIMITS	? I3e. STRE	808 Fal	kirk I	Rd.	
Martin J.	Welsî	DOLE	LAST		15. MOTHER'S MAIDEN FIRST	NAME	WIDDLE	6	LAST	
60 WAS DECEASED EVER (YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 217-03-5		Mrs. Mary	Lee Los	ADDRESS 242 sby Ric	l Cani	non Cr	eek Dr.
PART I. DEATH V Conditions, if ony gove rise to im couse lol, stati	VAS CAUSED IMMEDIATE , which mediate	DUE TO, C	Acute res	spirat NCE OF aspi	cory insuffi tration of g into trache	astric			BETWEEN	INSET AND DEATH
PART 2. OTHER SIG		v Edema		EATH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CONDIT	ION GIVEN	IN PART 110	
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	CAUSE OF DEATH		DF INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART	OR PART 2)	
OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED AT WORK AT WO	HILE []		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
22a I certify that sow the deceas	ed aliveran_	11-2	.0	81 81	_4, 19_8 d that in (my) (our) opini		11-20 rred on the date	, 19 and hour ar		hat (x (we) last

DEGREE 22c. DATE SIGNED GINI D. ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

Reynaldo Orjuela-Gomez, M.D.

22e ADDRESS St. Joseph Hospital 2

STATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY Nov. 24.1981 ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

DHMH- 16 50M I/BI (VRA 15, 4)

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dentite Ledofeld Home, the collect, ld. 24242

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and commetely titled in by the should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages I and 2 thould be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked ar Item 18 shows any injury, or ather traumatic event, the medical

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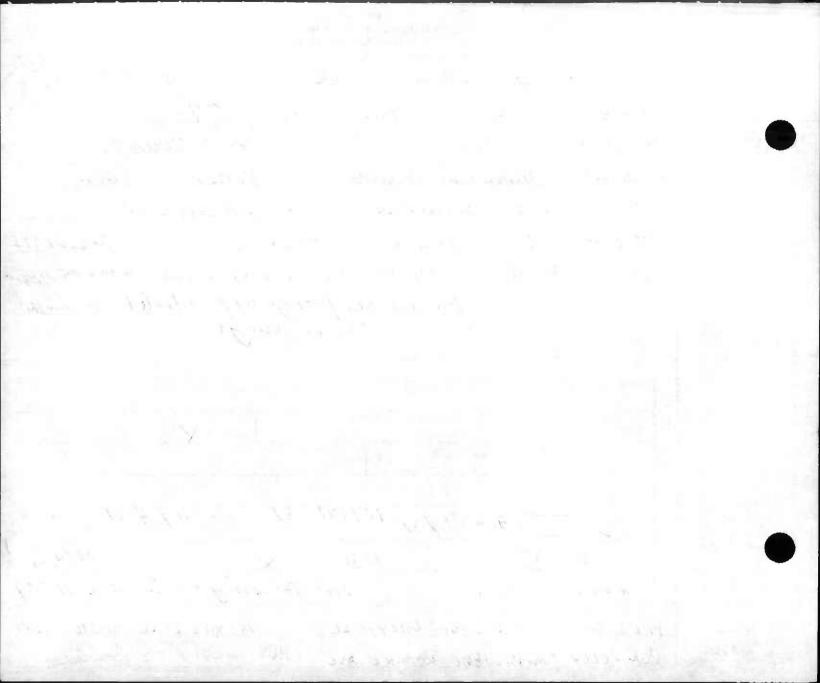
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	(TYPE	CASED NAME FIRST ROBE	RT R	ARL	Glover	2g. DATE OF DEATH MONTH	3 81	110 M
A.	3. SEX	MALE	4 RACE	AFK	FOF BIRTH DAY PEAR TC 19 34	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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1	K	2056VILLE	mance C	LITY, GIVE STREET ADDRESS)	ille	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY	BUSINESSOR
5	13s.5			EDDLE FILLER	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1B CEDAK	DR.	
1		JOSEPH VAS DÉCEASED EVER IN U.S. AR	MED FORCES? 1166 S	6-LOVER SOCIAL SECURITY NO	FRIED	WIDDLE	SAL	VETTI
	{Y	ES, NO OR LINKNOWN) (IF YES, GIVE)	E WAR OP DATES)	19-12-883	LIFE BEU	ERLY GLOVER	5/7m E A	S ABOV
	z	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse last	DUE TO, OR AS A	A CONSEQUENCE OF	Cancer la	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	nonfty.
2	CERTIFICATION	19a. DATE OF OPERATION			ION WAS PERFORMED	YES NO NO IN CE	YES, WERE FINDING RTIFYING CAUSES OF YES	S USED F DEATH?
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	MONTH DAY YEA		RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	
		21d INJURY OCCURRED WHILE NOT WHILE AT WORK		CTORY OFFICE, FARM ETC)	211. EOCATION STREET	CITY OR FOWN	COUNTY	STATE
		22a certify that (I) (the base saw the deceased alive on above. If we) (did) (did acc) 22b. SIGNATURE	a view the body after	death	DEGREE ATTENDING	death accurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	/	
		22d PHYSICIAN'S NAME (TYPE OF	PUN TUN		220 ADDRESS 2110 Pot	Spring Road	md o	21209
	14 FU	URIAL, CREMATION, REMOVAL GEORGE HE TAGE NERAL DIRECTOR	1236. DATE NOV. 6,15	236. NAME OF ADDRESS	CEMETERY OR CREMATORY HILL 250 PAT	23d LOCATION CITY OR TOWN ALDOLG RECOLD REGISTRAN SEE	R BATTO	- MD

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CONNELLY FUNERAL HOME



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours oftr with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO				

	REGISTRAR		CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 120. DATE OF DEATH MONTH DAY											
	CEASED NAME E OR PRINT)	AUR OR	RA.	R.	G	DDW I N			3 181 2b. 1					
3. SE)	FEMALE	4.	RACE WHIT	ГЕ	S. DATE C	9 1 1 900°	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UND				
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	OWSON			HOSPITAL, NURSIN		RLES ST.	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMAKET	12b. KIND C INDUSTRY	DF BUSIN					
USU / 130. S	AL RESIDENCE (IF NUI STATE Md.	13b. COUNT Bal	THER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	E. Jop	pa Rd.					
14. FA	ATHER'S NAME Andrew	MI	DDIE	Russell		15. MOTHER'S MAIDEN NA/ FIRST unknown	WIDDLE		EAS	51				
	VAS DECEASED EVE		ED FORCES? WAR OR DATES)	218 52 3		Evelyn Sever	addre n 8434 Ch		Valley	z Ct				
	underlying cous	nmediote ing the se lost.	(b)	DR AS A CONSEQUE	NCE OF	NOT DELATED TO THE TERM	INAL DICEASE OF COL	DITION CAN	EN IN PART 1					
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	gove rise to in couse (o), stotunderlying couse (o). PART 2. OTHER SIC 19a. DATE OF OPER. 21a. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER NOTIFY ME) 21d. INJURY OCCU WHILE NOTIFY ATWORN ATW 22a.1 certify that (sow the decea	ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE ORK VALUE OF DEATH ORK VALUE OF DEATH ORK VALUE OR	DUE TO, C (c) DUE TO, C (c) 19b. COND 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, S1	OR AS A CONSEQUE ONTRIBUTING TO D OF INJURY (REET, FACTORY, OFFICE, F OFFICE, F OFFICE, F ONTRIBUTING TO D	OPERATION AY YEAR 19 ARM, ETC.)	211. LOCATION STREET 21 19 19 10 that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [YES NO NO NO NOTION OF INJUST OF INJ	20b. IF YES IN CERTIFY YES	WERE FINDING CAUSES COUNTY COUNTY Ond from the	NGS USI OF DEA NO				

DHMH-16 30M 2/80 (VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Rd.

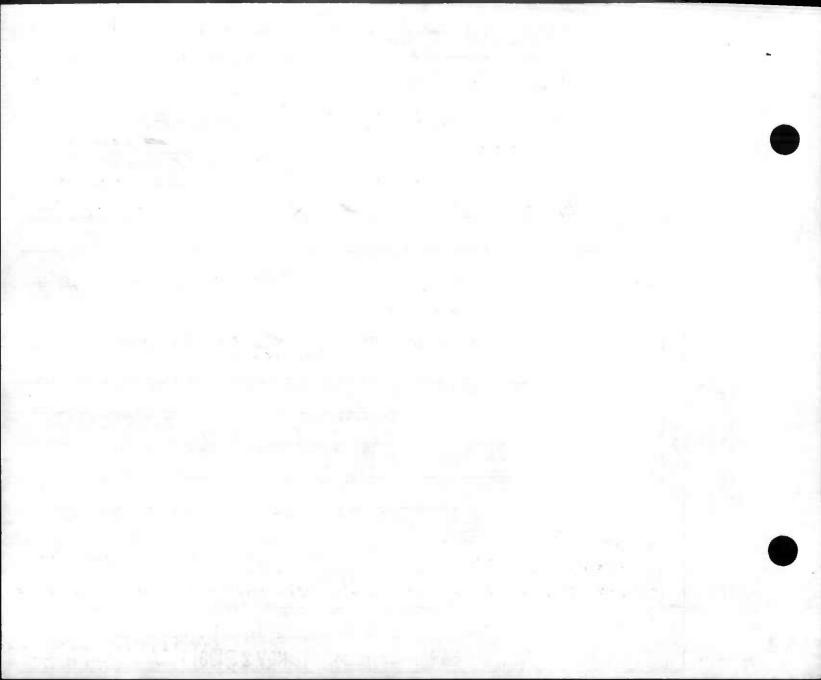
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	· · ·	6	FOR 1 - STATE REGISTRAR		DEP	ARTMENT OF	TE OF MARYLA HEALTH AND M FICATE OF DI	ENTAL HYG	IENE 8 REG. N	2.	8	1	1
	1		1. DECEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	2b. HOU	IR
A De	page 3 r death			LOUIS	Υ.		LDMAN		NOVEMBER		2,1981		A. M
1	or, pe ter d	. 1	3 SEX	4	RACE		OF BIRTH	JEAR OF	& AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER	MIN.
2	afe	once	MALE		WHITE	SEPT	. 28,	1895	86	YRS.			
R	麗)	Ted at	MARY LAND	R FOREIGN 7	U.S.A.	MARRI WIDOW	EDXX NEVER M	ARRIED ORCED	BALTIMORE CITY O			- 7	MD.
N N	by the life of will be	O C	BALTIMORE		1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 6990 MARSUE	DR. APT			120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O POSTAL SERV	F WORKING LIFE		OV.	ESS OR
11 5 4 11 11 E	ly filled in rould be fi	Tier m	USUAL RESIDENCE (# N 130 STATE MARY LAND	URSING HOME OR O	I BALLI.			110	13.6990 AMARS	JE DR.	APT. 1	LC (2	21215
nied wil	mpletely nd 2 sho	330	ANSEL	м	GOLD		15 MOTHER'S	maiden nav			UNKNOW	Ų	
ne exec	n and co Pages 1 a	, the med	160 WAS DECEASED EV (YES, NO OR UNKNOWN) NO	ER IN U.S. ARM JIF YES, GIVE V		-3591	6990 MA		ADDRE OR. APT. 1-0			GOLD	
א ופקטורבי נוומו נוופ טפמווו בפנינווגי	en signed by the attending physic Then please remove carbon paper r to burial, cremation, or remova	ny injury, or other traumatic event,	Conditions, if a gave rise to a couse (a) sto underlying course.	IMAS CAUSED IMMEDIATE ny, which immediate ofting the use last	DUE TO, OBAS A CONS	EOUENCE OF	Alexis Se		Carcler 2				<u>DEATH</u>
N. THE IGH	permit. T	8 shows a	190 DATE OF OPE	RATION	196 CONDITION FOR WI	HICH OPERATION	ON WAS PERFOR	MED	YES NOTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES		TH?
hysician	scertifica st-transit intal Hys	r Item 18	OR CONTRIBUTION	CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2}		
tending p	After this the buria h and Me	narked or	UIF EITHER, NOTIFY ME 21d, IN JURY OCCI WHILE NOTIFY AT	JRRED	21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC }	21f LOCATION STREET	N	CITY OR TOW	/N	COUNTY	ST	TATE
the hospital or at	AL DIRECTOR:	IT; If Item 21 is r	sow the dece above, (I) (we 22b, 81GN ATURE	ased alwayon_	view the bady after death.	2 /	DEGREE	TENDING	death accurred an the do	· F		SIGNED	oted
etained by	TO FUNER should be de with the Sta	MPORTAN	220 PHYSICIAN'S	DEEK	PRINT) ELBAUM	4.0.	3635	0100	But Co	0	eto-1	dzi	208
BP.	F & ₹	_	230 BURIAL, CREMATIO (SPECIFY) BURIAL		236. DATE 11/23/1981	BETH T	FILOH		234. LOCATION CITY OR TOWN BALTIMORE		COUNTY	_	ATE.
	MH-16 : A 15, 4)		24 FUNERAL DIRECTOR NAME 6010 REIS	SOF FE	VINSON & BROS N RD. BALTIMO	, INC. RE, MD. (21215)	250 DATE	V 25 1981	256. REGISTI	RANS SIGNAT	Warte	len



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minty, or alther troumatic event, the medical examiner,

IMPORTANT: If them 21 is marked or them 18 shows any

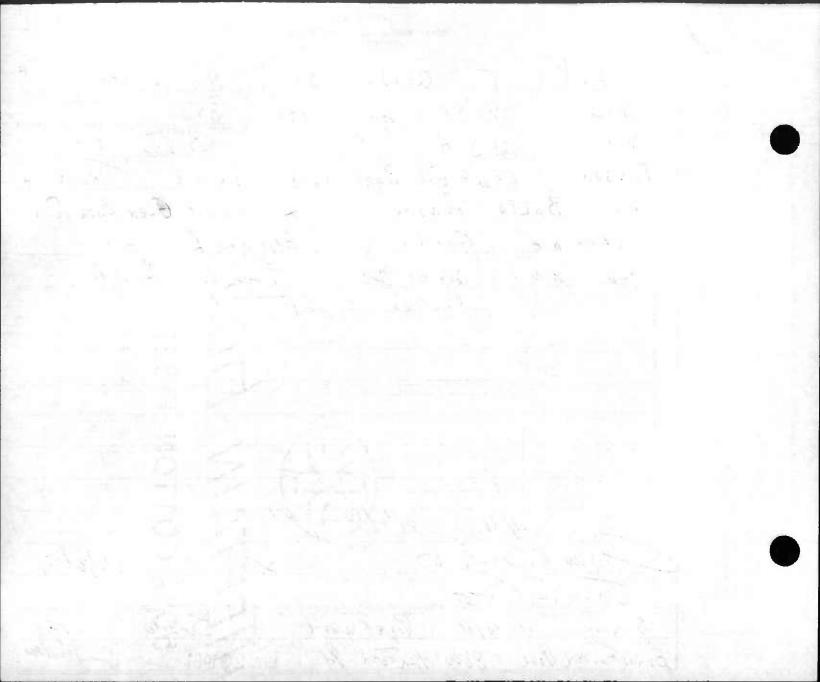
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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND 8

1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	0 ;	1 64
(TYPE	OR PRINT) ARTHUR	MIDDLE	Gordon	3	2a DATE OF DEATH	MONTH DAY	981	26. HOUR A
3 SE	MALe	White		L 9 1896	6. AGE (IN YEARS LAST BI	YRS.	THS DATS	IF UNDER 24 HRS HOURS MIN.
	Mulos	W. S. A	MÄRRIEI WIDOWE	D DIVORCED	9 BALTIMORE CLTY C	LVU	(0	MD.
	TOWSON	(IF NOT IN SUCH FACILITY, GIV	Len DAN	ROTHER INSTITUTION	TYPE PORK FOR MOST	OF WORKING LIFE)	POURTRY	BUSINESSOR
130. 5	AL RESIDENCE (IF NURSING HOME OR O	Y/ - 130 91YO	R TOWN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS	GLEN	BARR	COURT
	CLARCACE	G-UR	Ldm	15 MOTHER'S MAIDEN NAM	Abeth	_	LAST	
		ED FORCES? 166 SOCIA	-09 - 932	17 INFORMANT	Amily	Reco	edi	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY.	diae (enos?	_/			ATE INTERVAL ISET AND DEATH
	Canditians, if any, which	DUE TO, OR AS A CON	ISEQUENCE OF					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEOUENCE OF					
NON	PART 2. OTHER SIGNIFICANT CO	inditions <u>contributin</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ita	
CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION		200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES O	S USED F DEATH? NO []
1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	22a. Certify that (I) (this haspital saw the deceased alive an	I) attended the deceased view the bady after death.	(21	d that in (my) (aur) apinian d	, ta	19_ ate and haur and		at (I) (we) last
1	John L.	Orthe M		ATTENDING PHYSICIAN	MEDICAL STA	FF Clan []	22c. DATE SI	GNED 8/
	DOHN G	ORTH.		22¢ ADDRESS		20		
	SPESTY) RIAL	11/18/81	23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TON	20	YTAUY	MAN
24 FU	VATS AUTERN HON	e 8800 ADE	orestfor Fore	A RE 250. DATE	V 201981	25h REGISTRAR	SIGNATO	Parther



completely filled in by the funeral dir

ave corbanpopers. Pages 1 and 2 shauld be filed within 72

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injury, or ather traumotic event, th

should be detached for use as the burial-transit permit. Their please remarke carbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND

- STATE REGISTRAR			DEPAKIN		ICATE OF DEA		REG. N	O.						
DECEASED NAME	FIRST	,	AIDDLE	i.	AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR				
(TYPE OR PRINT)	Athena	GOV	OSTES				November 1	4. 198	1	11:3	5p/			
SEX	4.	RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	, ,	IF UNDER 1 YEAR	IF UNDER 2	4 HRS			
Female		White		MONTH	ĵÔ	15	66	YRS.	ONTHS DAYS	HOURS	MIN.			
BIRTHPLACE (STATE C	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MAI	DOIED [9 BALTIMORE CITY O	R COUNTY	OF DEATH					
Greece		Greece	9	WIDOWE			Baltimore County							
Baltimore					pital	ITION	126. USUAL OCCUPATION OF HOUSEWIFE	ON	1126 KIND C	F BUSINES	SOR			
JOUAL RESIDENCE (IF NO	RSING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION							_			
Md.	Balti		Baltimor		13d. INSIDE CITY YES N	LIMITS?	8118 Gray	Haver	Road					
FATHER'S NAME	DDLE	LAST		15 MOTHER'S M										
Pandelia	, DEE	Loizois		Des	pina	WIDDLE	Pit	aoulis						
(YES NO OR UNKNOWN)	R IN U.S. ARME		166. SOCIAL SECU 220-74-8		Dena C.	laven R Md.	oad							
18 CAUSE OF DEA			line lar (a), (b), and	d ici.ll				INCLO (APPROXI	MATÉ INTÉRVA	AL EATH			
PART I. DE ATH	WAS CAUSED I		yocardia	l Infa	arction									
Conditions, if an gave rise to in	y, which	DUE TO, OF		e Hear	rt Failu	re, Ci	hronic Rena	1	,					
underlying cau	3		ilure, Ac		Onset Dia	abetes	s Mellitus							
PART 2. OTHER SIG	ONIFICANT CO						INAL DISEASE OR CON	DITION GIVE	N IN PART 10	1	===			
Prior his	tory of	Myoca	rdial Int	farct	ion. Chro	onic /	Anemia Hyno	ncalca	mia					
Prior his	Prior history of Myo		TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a AUTOPSY? YES NO X	20b. IF YES,	WERE FINDIN	IGS USED OF DEATH	?			
	210. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH HOU (IF EITHER, NOTIFY MEDICAL EXAMINER)			Y YEAR	21c HOW INJUR	RY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PAI	RT 1 OR PART 2)					
OR CONTRIBUTING L. {IF EITHER, NOTIFY ME 21d, IN JURY OCCU WHILE NOT V AT WORK AT W	VHILE ORK		EET, FACTORY, OFFICE FA		211 LOCATION STREET	- 0.3	CITY OR TO		COUNTY	STA	TE			
220.1 certify that (l) (this haspital	lovended 14		10v. 7	d that in (my) (au	r) apinion o	teath occurred on the do			that (1) (we	,			

saw the deceased alive on. abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATUR

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred on the date and haur and Iram the causes stated

22c. DATE SIGNED

22e ADDRESS

ATTENDING PHYSICIAN

9000 Franklin Square

230 BURIAL, CREMATION, REMOVAL SPECIFY BURIAL

23b. DATE 11-17-81

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

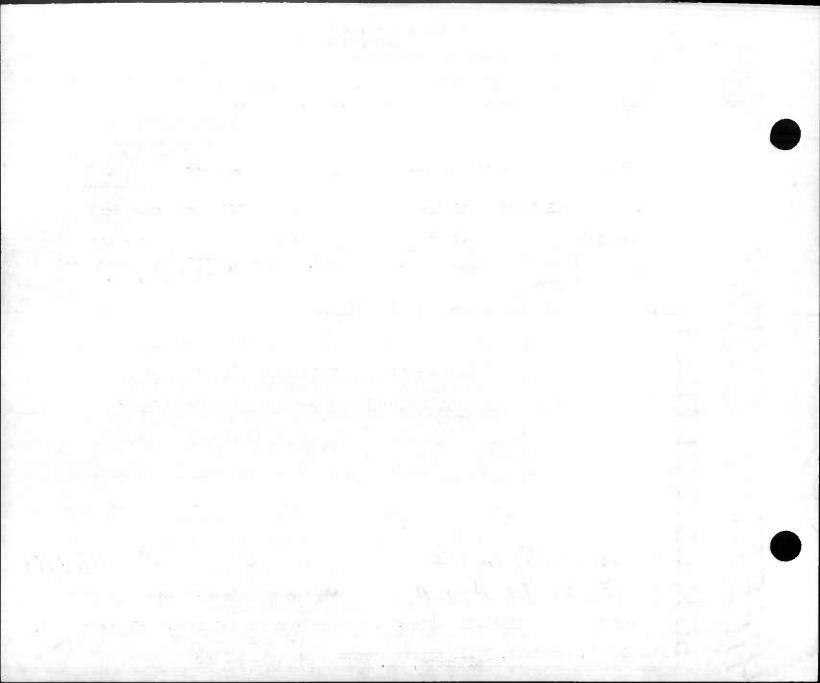
Greek Orthodox Cemetery Baltimore Baltimore

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DHMH-1650M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR Nichölas T. Matthews,



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours owith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, ar ather traumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

1630 Edmondson Avenue Catonsville.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

250. DATE REC'D.

1.	FOR STATE REGISTRAR			DEP		HEALTH AN	D MENTAL HYC F DEATH	GIENE Ö	REG. NO.	2 0	2	1	4
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE C	F DEATH MONTH	DAY	YEAR	2b. HOU	JR
(TYPE	ORPRINT	ELEANO	RA	A.E.	GRA	NDY			11	7	81	11:7	O a M
S. SE.	Х	1	RACE			OF BIRTH		6. AGE (IN)	(EARS LAST BIRTHDAY)		ERIYEAR	IF UNDER	24 HRS
	Female		Whi	te	MONT 3		YEAR 86	9	5 _{YI}	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUN	ITRY? 8		S SSIES []	9 BALTIMO	ORE CITY OR COU	NTY OF D	ATH	-	
C	Maryl Maryl	and	USA		WIDOW	1/	R MARRIED L	Bal	timore Co	unty			MD.
	ITY OR TOWN OF DE	ATH	(IF NOT IN SU	ICH FACILITY, GIVE	URSING HOME STREET ADDRESS) ER AVEN		NSTITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORKING PUITE	NG LIFE! IN	KIND O DUSTRY WN H		ESSOR
	AL RESIDENCE (IF NUI STATE	136 COUNT		13c. CITY OR	TOWN		CITY LIMITS?	13e STREET 1101	ADDRESS Dorchest	er Av	enue		
4 F	ATHER'S NAME					15 MOTHE	R'S MAIDEN NA	ME					
	FIRST MIDDLE				T	-	1izabet	Ь	MIDDLE	Thom	LAS!		
60 \	Herman KI 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166				SECURITY NO.	17 INFOR			ADDRESS	HIGH	00		
	(YES, NO & UNKNOWN) (IF YES, GIVE WAR OR DATES)						n Grand	y Sa	me as #13	3			
	Conditions, if and gave rise to in cause (a), statunderlying cause	y, which nmediote ing the se lost.	DUE TO, C	DR AS A CONS	SEQUENCE OF	arte	Tripel	Ison	Cr .	7	on	o te	we
NO	PART 2 OTHER SIG	SNIFICANT CO	2 SNOITIONS C	ONTRIBUTING	TO DEATH BU	T NOT RELAT	Bow-	AINAL DISEA	SE OR CONDITION	GIVEN IN	PART 1(c	1)	
TIFICATI	19a DATE OF OPER	ATION	196. CONE	DITION FOR W	HICH OPERATION	ON WAS PER	FORMED	200 AUT		F YES, WER ERTIFYING YES [TH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A	P.M.	DAY YEAR			RED (ENTERN	ATURE OF INJURY IN ITEM	4 18, PART 1 OF	PART 2)		
MED	21d. INJURY OCCU	WHILE	21e PLACE (AT HOME, S'	OF INJURY TREET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCA STRE			CITY OR TOWN	CO	YINL	5'	TATE
	22a.1 certify that (sow the decea	l) (this hospite	Mar.	7	CARL	and that in (m	, 19 <u>79</u> ny) (aur) opinian	, , , , , ,	ed an the date and	19 E		that (I) (,
	22b. SIGNATURE	1/2	X	y uner death.		DEGREE		MEDICAL	STAFF	2	COATE:	SIGNED	81
	22d PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e. ADDR							
	Allan Pe	rez, M	.D.			1009	Freder		ad Cator	nsvill	.e, P	ld.	
23a. (BURIAL, CREMATION (SPECIFY) Buria		236. DATE 11/10	/81			R CREMATORY Cometer		ation or town 1timore	COUNT		ryla	and

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or

TO HOSPITAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon appers. Pages 1 and 2 should be filed within 72 hours attain the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 stows any injury, or other traumotic event, the

	1.	FOR - STATE REGISTRAR	DEPARTM	ENT OF	TE OF MARYLANI HEALTH AND MEI FICATE OF DEA	ITAL HYG	IENE 8 REG. NO	Brus	8	1 3
		CEASED NAME FIRST Sister Ma	ry Elizabeth		LAST LAST		2a. DATE OF DEATH	11-1-	-81	26. HOUR 6: 25 A
	3 SE	Female	White	5. DATE O		16	6 AGE IN YEARS LAST BIRT	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN	
72	C	IRTHPLACE ISTATE OR FOREIGN 7 OUNTRY) Maryland	USA	MARRIE WIDOW			Baltimore City o	=		MD.
5		Glen Arm V	1. NAME OF HOSPITAL, NURSING LIFT IN SUCH FACILITY GIVE STREET 1112 Maria-17	630	Glen Ar	m Rd	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Peacher	F WORKING LIFE)	INDUSTRY	ation
76	13a. S		timore Glen A	4	138 INSIDE CITY YES \(\begin{array}{c} \text{NC} \\ \text{NC} \\ \\ \text{NC} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	DK.	13. STREET ADDRESS 11630 Gle	n Arm	Rd.	
30		George P. Gra	DDLE LAST		15 MOTHER'S M. FIRST		MIDDLE		LAST	
1	16a V	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUR VAR OR DATES) 214–62–		Sr. Lou	is M	arie Koes		- sam	e
		I8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		static	ovari	an a	adeno carc	noma	APPROXI BETWEEN	MATE INTERVAL PHISET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)							
	NOI	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to di</u>	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR COND	OITION GIVEN	IN PART 1(o	3
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATIO	IN WAS PERFORM	D	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	GS USED OF DEATH? NO
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR	21c HOW INJUR	Y OCCURR	ED JENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		27a.1 certify that (I) (this bosonic saw the deceased alive on obove, (I) (was ided) (did not) 27b. SIGNATURE	October 30,19 8		nd that in (my) (con		, to NOVEM eath occurred on the do MEDICAL STAF DIRECTOR PHYSIC	te ond hour or	22c. DATES	

22e ADDRESS

etained by the haspital or attendi

Burial 11/4/81 Sisters (24. FUNERAL DIRECTOR 308 High Street Curran Funeral Home Cambridge, Md.

23b. DATE

hang, Mil

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL

Sisters Cemetery Glen Arm, Balto., Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NOV 171001 21

Volumes asserted as to the part of the court of the

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYC ICATE OF DEATH	GIENE B REG. N	2.	8	1 6		
		CEASED NAME FIRST E OR PRINT)	Jennie T. GRA		AST	November 2			3:00 F		
		EMALE	4. RACE CAUCASIAN	5 DATE O		6. AGE (IN YEARS LAST BIR	YRS.	UNDER LYEAR	IF UNDER 24 HRS		
7	C	IRTHPLACE (STATE OR FOREIGN ZECHOSLOVAKI	76 CITIZEN OF WHAT COUNTRY A USA	MARRIE		Baltimore city o	e Coun				
1	R	ITY OR TOWN OF DEATH		UARE UARE	HOSPITAL	120. USUAL OCCUPATI		12b KIND O INDUSTRY	F BUSINESS O		
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE LARYLAND		ORE	13d INSIDE CITY LIMITS? YES M NO [13. STREET ADDRESS	LUZER	NE SI			
0		LOUIS	MIDDLE DOUS'A		15. MOTHER'S MAIDEN NA ANNA	WIDDLE		LAST	-		
2		NAS DECEASED EVER IN U.S. AR YES NO R UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 218071		FRANK VITA	RANK VITAK 7906 LANGDO					
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	Ally one cause per line for (o), (b), o D BY: Cardi FE CAUSE (o) DUE TO, OR AS ANONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	rdfal				BETWEEN C	MATE INTERVAL ONSET AND DEATH		
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED		
7	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. HNJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21t HOW INJURY OCCURI	RY IN ITEM 18, PART	I OR PART 2)				
	WE	WHILE ALWORK NOT WHILE AT WORK 220.1 certify that At (this haspi sow the deceased alive on abave, M (This is a second control of the second control of t	tal) attended the deceased fram, November 23	No ven	street Der 21, 19 81 and that in (my) (aur) apinion DEGREE		r 23. 19				

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT:

230. BURIAL, CREMATION, REMOVAL 23b. DATE 11/27/81 BURIAL

22d. PHYSICIAN NAME (TY

HOLY REDEEMER

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

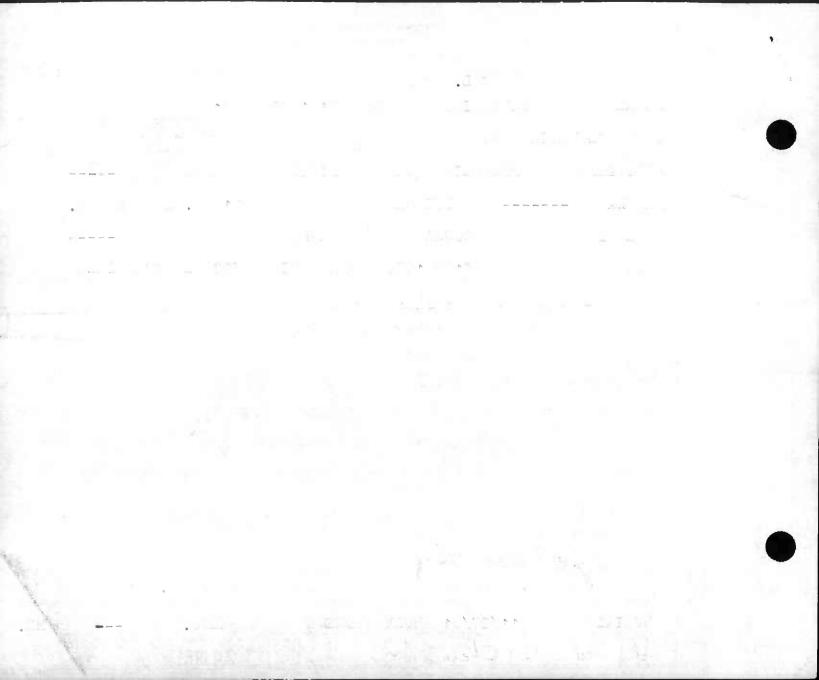
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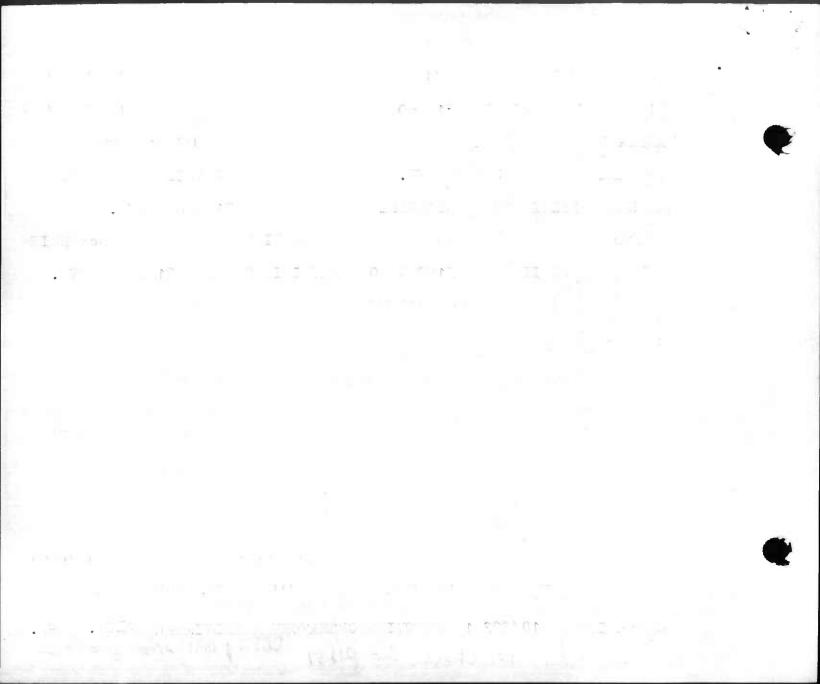
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE A

9000 Franklin Square Dr., 21237

ATTENDING PHYSICIAN



		ems #18	a-2	2a Fil	m G			0/81rc					HYGIE	NÉ	ì	2	8	4		1
		STATE REGISTRAR						LEXA						CO.	RE	G. NO.				
		CEASED NAME		FIRST			MIDDLE			ŁA	AST.			2s. DAT	TE KNOV	XX/IV	MONTH	DAY	YEAR	Zb. HOU
1	(Alvin			Cec				reen				TH MATE	D []	10	190	81	
ı	3. SEX		4 RAC	Œ	5. DATE		YEA	6. AGE	(IN YEARS	IF UND		IF UNDE	R 24 HRS	PRONC	ATE		MONTH	DAY	YEAR	2d. HOU
		le		ite	03	08	3.		YRS.						AD	TITY OF	10	1919		a l
	FO	RTHPLACE (ST			76. CITI	ZEN OF WI	HAT CO	UNTRY?		ARRIED		EVER MAR	_	_	TIMORE	_			ATH	
ł		RYLAN		ATH	II NAA	USA	PITAL	NURSING H		DOWE		DIVOR			altim CUPATION			174,	OF BUS	MI
ı		SEDAL				OT IN SUCH FA	CILITY, GI	AVE	RESS)				FO	R MOST OF	ANIC	E)		OR IN	DUSTRY	
	USUA	LRESIDENCE			R OTHER IN		VE RESIDE	NCE BEFORE AL	DMISSION)	l. a			1					AUI	0	
	130 S	RYLAN	D	BALT		RE		OSEDA			YES .	CITY LIMITS?	1 8L	REET ADI	AVER	Y	20.			
1	14. F.A	THER'S NAME			MIDDLE			LAST		1:	5 MOTH	IER'S MAIL			MIDDLE			LAST		
		ELBER						REEN				ENEV	IEVE	<u> </u>]	McKE		E
ı		AS DECEASED		(IF YES, GIVE V	WAR OR DA			OCIAL SEC			7 INFOR					DRESS		^	^	
Į		YES		44.44	II			15269			PATI	RICI	A GI	REEN	842	1 A	VER		U.	
		18 CAUSE O PART I DE	F DEA	AS CAUSED	BY:	A		(b), and (c)		into	vias	ation	8. C	i mmh	neie			BETWEEN	N ONSET A	ND DEATH
		303	29	IMMEDIATI		(a)		ONSEQUE		LITOC	ATUC	101011	OC U.	11111	19T9			+		
				any, which	1															
1		cause (a)	stating	immediate the <u>under</u> -	D	(b) UE TO, OR	AS A C	ONSEQUE	NCE OF							-				
ı		lying cau	se last		((c)														
	Z	PART 2 OINER SIG	SNIFICAR	IT CONDITIONS C	ONTRIBUTI	NG TO DEATH	RUT NOT I	RELATED TO TH	E TERMINAL (ISEASE D	R CONDITIO	ON GIVEN IN I	ART 1 s							
1	ATIO	19s. DATE OF	OPER	ATION	11	% CONDI	TION FO	OR WHICH	OPERATIO	N WAS	S PERFOR	RMED?						20. AUT	OPSY?	
	IIFIC																	YES	XX	по П
1	MEDICAL CERTIFICATION	210 EXTERNA				Ib. TIME OF			YEAR 2	Ic HOV	V INJURY	YOCCURR	ED IENTE	R NATURE O	F INJURY IN I	TEM 18 PAR	RT OR PART		7.77	
	CAL	CONTRIBUTION	4G 🗌	CAUSE OF D	EATH	P.M		}	9											
	MEDI	21d. INJURY C			- 1	STREET, FACT		IRY (AT HO	ME. 21	I. LOCA				CITY OR	RTOWN		COU	NTY		STATE
		AT WORK	ATV	VORK																17
		220 I certif	y that	I taak charge	e af the r	emains des	cribed o	bave, held	an A	utapsy	<u> </u>	Inspecti	an .	Inqui	iry .	and	іп ту арі	nion		
		death resulte	ed fran	n: Naturo	al causes	E .	Accide	nt 🔲,	Suicide	<u>□</u> ,	Hami		Unde	etermined	manner	<u></u> ,				
		ACTUAL	111	1.0.	41	200		/				SPECIFY)	hief				DATE	10/	19/8	1.5
5		SIGNATURE_	100	yenia		+C.C.M.	1	102.		M.D.	рерс	41 y O	- ME	DICAL EX	AMINER		SIGNED)	17/0	/ 1
6	100	EXAMINER'S (TYPE OR PRIN	NAME	Th	nomas	5 D.	Smit	h, M.	D.	AD	DDRESS_	111	Pen	n St.	. Ba	Ito.	., ME).		
	23o. BI	JRIAL, CREMAT	ION,	REMOVAL 23			23	c. NAME O	FCEMETE	RY OR C	CREMAT	ORY	23d. L	OCATIOI Y OR TOWN	Ν		COUNT	ſΥ	STATE	
		REMAT	IOI	4	10/2	22/8	1 1	WEST	VIEW	CR	EMA	TORY		BALT	TMOE		BALT	1	MD	
	24. FU	NAME DIREC	OR	D	5	ADDRESS	1		1.) i	1:2:	25a. D.	CTZ	Y REGIS	8AR 256.	REBIST	RAR	GNAM	estle-	
		sin	7	up		VII (he	5000	Who.	-74	+51			7			W.			



equires that the deoth certificate be executed within 24 havis after death. Page, 4-may be

1	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1	28118
ge 3	(TYPI	CEASED NAME FIRST	N. G	ROPPE		MONTH DAY YEAR 26 HOUR 11 19 81 9A N
(M)	3. SE	EMALE	CAUC,	5. DATE OF BIRTH MONTH DAY 13 30 1899	6. AGE (IN YEARS LAST BIRT	YRS.
and the same	3	RTHPLACE (STATE OF FOREIGN COUNTRY)	The CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO.	R COUNTY OF DEATH
filed wit		DULANCY KALLEY 34-TO. (O. AL RESIDENCE OF NURSING HOME OR	STELLA MAR	ADDRESS) HOSPICE	T20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	PER 12b KIND OF BUSINESS OR INDUSTRY HOME
should be	130	TATE 136 COUN	ACTO. Cub His	13d INSIDE CITY LIMITS? YES NO D	136 STREET ADDRESS	UB HILL RD
completely filled is 1 and 2 should to 3 and 2 should to 3 and 2 should to 3 and 3 a			BAMBERG MED FORCES? 1166 SOCIAL SECU	FER HETTI	WIDDLE	LAST
rs. Pages		YES, NO OR UKNOWN) (IF YES, GIVI	214-23	-1190 STELLA MA		E-DUANEY VALLEY
signed by the attending phys hen please remove corbanpot to buriol, cremotian, or remave njury, ar other troumatic event,	NO	PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if any, which gove rise to immediate cause ial, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	RDIAL INFAR HSCUD	CTTON	BETWEEN ONSET AND DEATH SMINN, DITION GIVEN IN PART 110
t permit. I iene prior tows any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \text{NO} \text{NO}
this certificate the buriol-transford Mental Hyginal ed or Item 18 sh	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WMILE NOT WHILE	216. PLACE OF INJURY (AT HOME PIECE FACTORY, OFFICE F	19 21f. LOCATION	RED (ENTER NATURE OF INJUR	
DIRECTOR: After according to the design of the office of t		220.1 certify that (I) (this haspit saw the deceosed alive an above, (I) (we) (did) (did not 22b. SIGNATURE	1/1, 18 19	DEGREE	MEDICAL STAF	te and hour and from the causes stated 22c. DATE SIGNED
VERAL be dete e State		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	PHYSICIAN (DIRECTOR PHYSICI	IAN 11.19.81 TOWEON
with th		EDDIE N	AKHUDA	STELLA	MARIS It	SPICE- mo

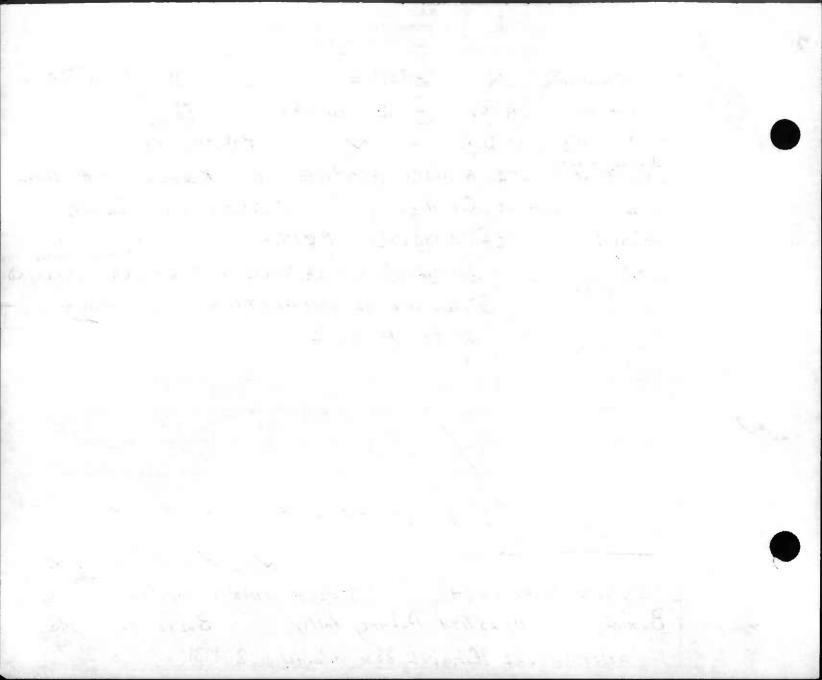
230 NAME OF CEMETERY OR CREATERY OF CREATERY VALL

201981 Courses

BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital as attending physician



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	TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may into a retending physicion.
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	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending phy
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			STATE OF MARYLAND	(3) : (5)	0 1 1 0
31	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	0 1 1 7
1. DI	ECEASED NAME FIRST	arah M.	Gugliuzza	20. DATE OF DEATH MONTH	DAY 8 YEAR 1 26 HOUR
-{TYF	SOCO h	arah M.	GU911UZZQ	11 11	8 81 10:30p
1 SE	× Female	4 RACE White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1	emale	white	MONTH 6 DAY 10 YEAR 23	7	MONTHS DAYS HOURS MIN.
Ja	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COU	
	Towson	ST JOSEPH	TACHTITISTISTISTISTISTISTISTISTISTISTISTISTI	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Retired	126 KIND OF BUSINESS OR INDUSTRY Social Sec.
130.	STATE Md.	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV Balto	AN 139 INZIDECITA FIMITZS	1019 COOKS 1	19 Cooks Lane
14_F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	4AST
	Pasguale	Gugli			Cancel'ase
	WAS DECEASED EVER IN U.S. AI [YES, NO OR UNKNOWN] (IF YES, GI	RMED FORCES? 166297442	3143 Mrs. Rose M	Mellar , 1031 Wed	Baltimore 72 Md dgewood Rd. 2122
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), or	de Terminal carcir	nomatosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (b)	MINAL OXPCIE	212 OTAGO	240
NO	couse io, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	ENCE OF DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 110
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	Y IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive or obove. X (we) (did) (XXX) 22b. SIGNATURE	ital) attended the deceosed from 11-8 to view the body after death.	DEGREE ATTENDING PHYSICIAN	death accurred on the date and how	19—81 that X (we) lost or and from the couses stated 22c DATE SIGNED 11—9—81
		LAGA JR, M.D.		ROAD TOWSON MD	21204
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY ew Cathedral Cemete	Dal Clinole	COUNTY STATE MC
	NAME	ke P.A. venue, Catonsvil		E REC'D. BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE

STATE OF MARYLAND

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	1	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 REG. N	2.	8	20
(min)		ECEASED NAME FIRST DE OR PRINT) MARGA	ARET ELEANOR		Y R	2a DATE OF DEATH	MONTH	14 81	26. HOUR F
(M)	3 SE	EX 4	RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
3 2	7. 0	FEMALE BIRTHPLACE (STATE OR FOREIGN 7)	WHITE b. CITIZEN OF WHAT COUNTRY?	07	01 1986	7.5	YRS.		
16 35	E	SALTIMORE MD.	USA	MARRIE		9. BALTI	_	COUNTY	ME
10 38	1	BALTIMORE	1. NAME OF HOSPITAL, NURSII			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) TYPIST		12b. KIND O INDUSTRY OFFIC	F BUSINESS OR
ad pilot as a second per second p	13a	JAL RESIDENCE (IF OME ORD STATE COUNT		VN	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	WALKE	R AVEN	IUF
ond 2	14. F	ATHER'S NAME FIRST M WILLIAM	BRIEST		15 MOTHER'S MAIDEN NA FIRST SUSIE	WE	. 1	SMITH	
s. Pages 1		WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU WAR OR DATES! 216 32		17 INFORMANT GUSTAVE L. (ADDR GYR 520 WAI		VE. APT	. F
tatending physici mave carban paper matian, ar remaval- traumatic event, th		4100	BY	am.		2000	0	30	MATE INTERVAL INSET AND DEATH MUNUTES
d by the at lease remavial, crematic ar ather trai		Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEQU		Cartan	vici (ucar p	cues	a gue	,
Then p ta bur njury,	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	IDITION GIV	EN IN PART 110)
ransit permit. Hygiene prior 18 shaws any ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART I OR PART 2)	
After this certi is as the burial: alth and Menta marked ar Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
tal ar after OR: After rr use as ti Health a		220.1 certify that (1) (this haspital saw the deceased alive an			nd that in (my) (aur) apinian	, to			hat (I) (we) last
RAL DIRECTO detached fa detached fa inte Dept. of		The SECHATURE	Mitchell,	_	DECREE . ATTENDING _	MEDICAL STA	FF	27c. DATES	
FUNES old be orthe St	1	PHYSICIAN'S NAME (TYPEOR	PRINT)		22e ADDRESS		1 ×		

23c. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEM.

DHMH - 16 50M 1/B1 (VRA 15, 4)

73a BURIAL, CREMATION, REMOVAL BURIAL

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

NOV.18,1981

236 DATE

BALTO. MD.

NOV 1

23d. LOCATION
CITY OF TOWN
PARKVILLE

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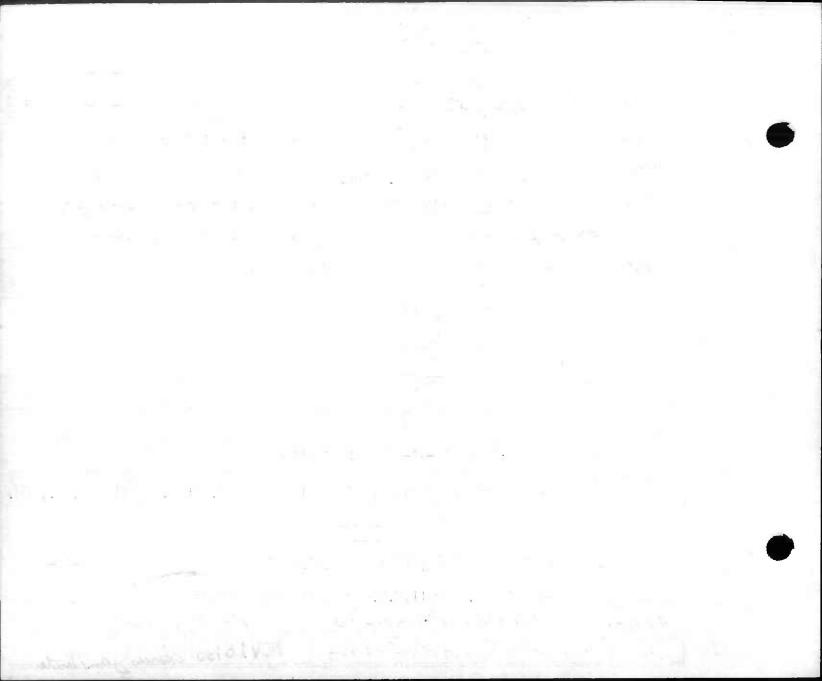
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File of Michiel med.

γ I.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	28121
1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N.	0.
	ECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN F	MONTH DAY YEAR 26 HOUR
SH-		RESA ANN HAGY DEATH MATED C	11-11-81
3. SE		S. DATE OF BIRTH MONTH DAY YEAR (AST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUL
1	female white	6/26/52 29 YRS. DEAD	11-11-8,1 6:25
Ja E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED	OR COUNTY OF DEATH
	MO,	WIDOWED DIVORCED Baltimore	7746
10. 0	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	E OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
9	JAL RESIDENCE (IF IN NURSING NOME COLIN	4000 Old North Pt. Blvd. BOOKKEEPEN	TAVERN
130.	STATE	The case of the same and the sa	
			HEWS ST,
14. F	FATHER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
DU	WAS DECEASED EVER IN U.S. AR/	PILICER TON MAIRY A, PILICE MED FORCES? 1166 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	RION
		WAR OR DATES)	,
		SISTER	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	lly one cause per line for (a), (b), and (c).) D BY:	BETWEEN ONSET AND DEATH
	G _ IMMEDIA	TE CAUSE (0) Gunshot wound of abdomen (DUE TO, OR AS A CONSEQUENCE OF	
REMOVAL	Conditions, if any, which		
OK	gave rise to immediate cause (a) stating the under-		
	lying cause last.	but 16, 60 No A construct of	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0	
Z N			
1	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
/ N			YES , NO [
MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
7 3	UNDERLYING HOR CONTRIBUTING CAUSE OF I		
MEDI	21d INJURY OCCURRED	216 PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET.	COUNTYSTATE.
	WHILE AT WORK AT WORK	apartment above bar 4000 Old North Pt. Byvd. [Baltimore, Co., Md
		ge of the remains described above, held an Autopsy X Inspection . Inquiry . or	nd in my apınıan
		ral causes . Accident ., Suicide . Homicide . Undetermined manner .	
	1	TITLE (SPECIFY)	
	ACTUAL SIGNATURE	Mote the youll M.D. Assistant MEDICAL EXAMINER	DATE SIGNED
7	V -	0	
d	EXAMINER'S NAME (TYPE OR PRINT) Ma	rgarita A. Korell M.D. ADDRESS 111 Penn Street	
230.	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
	BURIAL FUNERAL DIRECTOR	11/13/81 PARKWOOD BALTO, A	1 O,
1	TONERAL DIRECTOR	3617 Chestured Ave NOV 161981 Com	DIRAK S SIGNATURE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	quire	
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	TO HOSPITAL CHATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death.	refained by the hospital or attending physician
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DHMH-16 20M (VRA 15, 4) 7/78

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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE B		-	2	8	distance on	2.	2
	CERTIFICATE OF DEATH		REG.	NO.					
DDLE	LAST	2a DATE OF	DEATH	MONTH	DAY	YEAR	26	HOUR	
	110.	2.4	CI	100	F7 1		- 1		

1	1 -	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	
1	1 DE	CEASED NAME FIRST	MIDDLE	LAST		AY YEAR 26 HOUR
Ì	(TYPE	ORPRINT) MARY	RITA HA	1	NOV 9 1981	
· [3 SE	x ,	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR		IF UNDER EYEAR IF UNDER 24 H
	F	EMALE	WHITE	MAY 12 191	7 64 YRS.	ONTHS DAYS HOURS MI
19.1		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
55		ARYLAND	USA	WIDOWED DIVORCED		NUNTY
9		ITY OR TOWN OF DEATH	LIF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
2/9	LU	AL RESIDENCE (IF NURSING HOME O	COLLEGE	FECRE ADMISSIONIL	17209 WESL	C +F TEL, C
35	13a S	TATE LAND BAL	NTY 134 CITY OR T	OWN 134 INSIDE CITY LIMIT	S? 13a STREET ADDRESS	Ey CHATEL RE
-7	14. FA	ATHER'S NAME	MIDDLE , LAST	15 MOTHER'S MAIDEN		
50		WILLIAM C	HAII	HELEN	N) NANHA	LAST
0	lée V	WAS DECEASED EVER IN U.S. AR	RMED FORCES? THE SOCIALS	11-2-11	ADDRESS	
medico	0	YES, NO OR UNKNOWN) IF YES, GIV	/E WAR OR DATES)		E 1 Dec	
e '	=	NO	212-6	3-(2533 A	FAMILY RECORDS	
<u>.</u>		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b)	, and ici.i		BETWEEN ONSET AND DEAT
e ve			ITE CAUSE (0)	ronchophlun	vonia	3 days
otic.		4850	DUE TO, OR AS A CONSE	OLIENCE OF		
Ĕ	1	Conditions, if any, which	((b)	002/102 0/		
			(0)			
Ě		gave rise to immediate)			
ther tro		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		
or other tre		couse (a), stating the underlying couse last	(c)			
injury, or other tre	NOI	couse (a), stating the underlying couse last	(c)	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
any injury, or other fre	ATION	couse (a), stating the underlying couse last	CONDITIONS CONTRIBUTING PRE-SENIL	TO DEATH BUT NOT RELATED TO THE	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
ws any injury, or ather tra	IFICATION	couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING PRE-SENIL	TO DEATH BUT NOT RELATED TO THE	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
Sept.	ERTIFICATION	couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING RE-SEWIL 196. CONDITION FOR WH	TO DEATH BUT NOT RELATED TO THE	20a AUTOPSY? YES NOW YES YES YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicia

etoined by the hospital or attending physician.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

and completely filled in by

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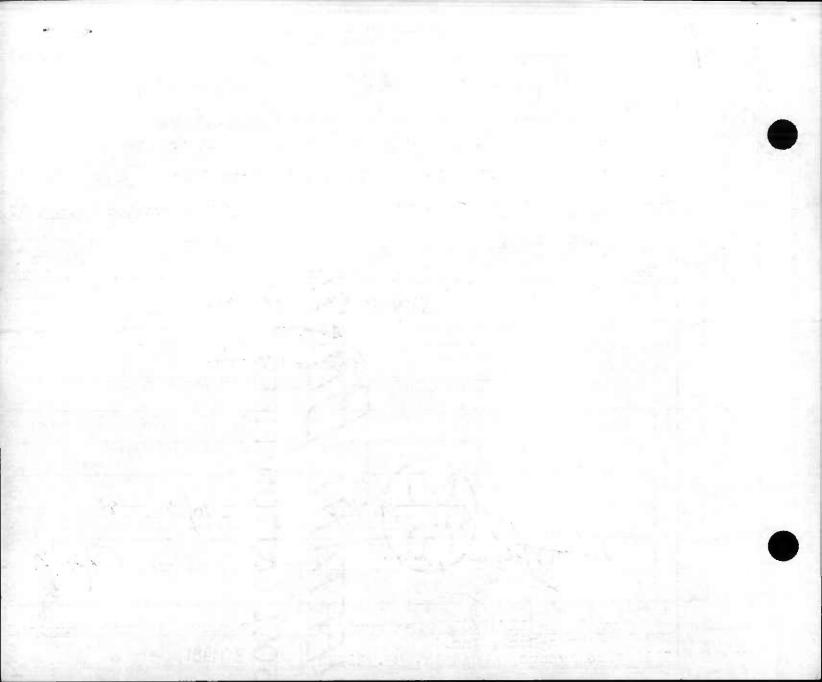
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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١.	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. I	NO.				
DEC	CEASED NAME	FIRST	,	MIDDLE	į	AST	2a DA	TE OF DEATH	MONTH	DAY YEA	R 2b	HOUR	
	Jo	hn		L.	Ham	mer bacher			11 2	24 8	1		м
I. SEX	Male		4. RACE Whi	te	5. DATE O			(IN YEARS LAST B	SRTHDAY) YRS	MONTHS D		UNDER 24	MIN.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BAL	altimo	OR COUNT				MD
10 CI	TY OR TOWN OF DEA	TH	11. NAME OF H	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a US	UAL OCCUPAT	TION	12b. KIN	D OF BU	USINES:	SOR
Ed	lgemere		Bayfro	nt Trai	llor 1	Pk. Lot 17		uffeu		Bet		Ste	el
130. S Ма	ryland	136 COUP		GIVE RESIDENCE BEFOR 13c CITY OR TOV Edgem	MM	13d. INSIDE CITY LIMITS?	Bay	REET ADDRESS		ilor	Pk.	Lot	1
	THER'S NAME FIRST NOT		nown	LAST		15 MOTHER'S MAIDEN I		Known			LAST		
0	VAS DECEASED EVER ES NO OR UNKNOWN) Yes		MED FORCES? /E WAR OR DATES) I	166 SOCIAL SEC 213-07-		Leonard G	G. How	ard		23 Ker		. 212	222
ATION	Conditions, if any, gave rise to imm couse (o), stotin underlying couse	which nediote g the lost.	DUE TO, OF	R AS A CONSEOL	DEATH BUT	A OUL ATLENOT NOT RELATED TO THE TE	ERMINAL DI			IVEN IN PAR		LISEO.	
RTIFIC/					TOPERATION		YES	_ NO_	IN CERT	TIFYING CAU	SES OF		?
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UND OR CONTRIBUTING CCURR LIFEITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK NOT WAS	AUSE OF DEA	HOUR A./ P./ 21e PLACE (M. MONTH D	19	211 LOCATION STREET	URRED (EN	TER NATURE OF INJ		COUNTY		STAT	TE
	22a.1 certify that (1) sow the decease above, (1) (we) (d 22b. SIGNATORE	d alive on	1 () ()	2/8/19		nd hot in (my) (our) opinio	to_ ion death ac	curred on the	dote and ha				,
	22d. PHYSICIAN'S NA	ME (TYPE C	Milu R PRINT)	m, pm	17.	ATTENDING PHYSICIAN 22e ADDRESS		CAL STA	AFF ICIAN []	4	124	1/8	1
23a. B	URIAL, CREMATION,	REMOVAL	23b DATE	236	NAME OF C	EMETERY OR CREMATOR	RY 23d.	LOCATION		enum			
	Burial		11/27	/81 M	leadov	wridge	Do	Orsey	Но	ward	Ma	rv1	an
24 FL 79	NERAL DIRECTOR D	uda- Aven	Ruck, ue D	Inc.		25a. D	NOV 3	BY REGISTRAL		TRAKS		artiv	40

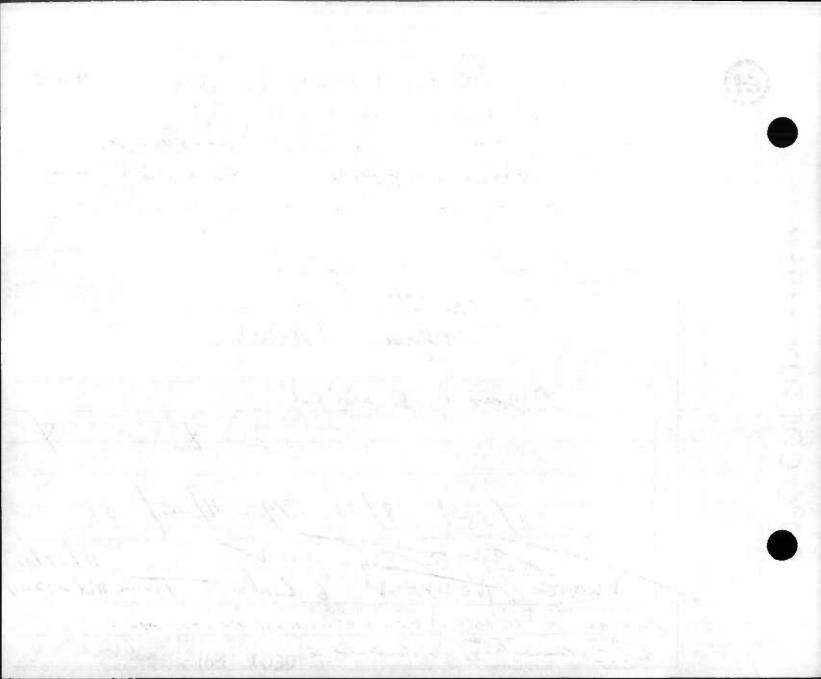
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FOR

STATE OF MARYLAND



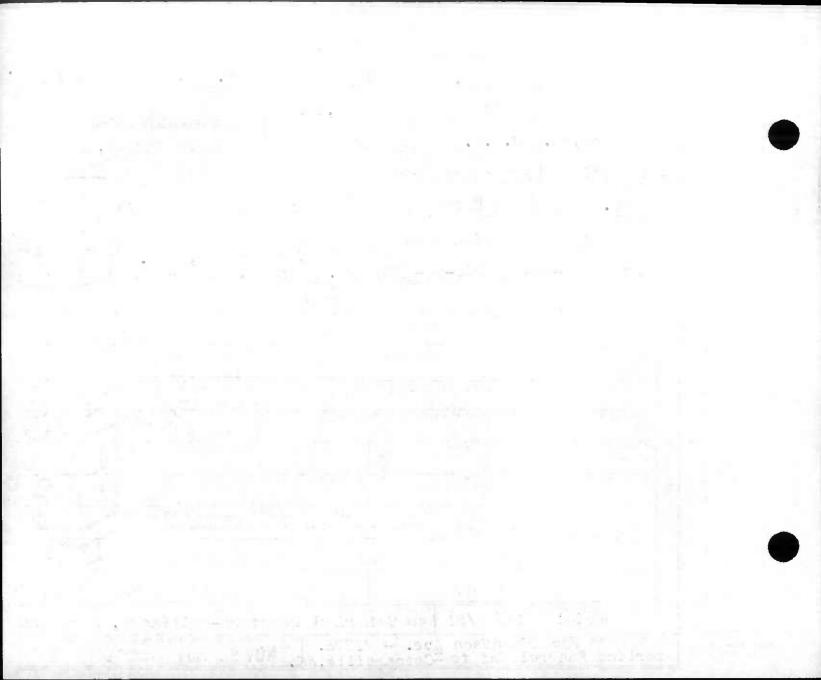
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP

DHMH-16 30M 2/80 (VRA 15, 4)

	١.	FOR • STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENT		28 25
	Ĺ	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEAT	REG. NO.	DAY YEAR 2b HOUR
18		Eliza	beth R.	Hart	Nov. 24, 1	, ,
IJ	3. SE	× Female	A RACE White	5. DATE OF BIRTH June 14.188	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
	7a BI		76. CITIZEN OF WHAT COUNTS	RY2 8	9 BALTIMORE CITY OR COL	UNITY OF DEATH
35	H	ollywood, Md.	U.S.A.	MARRIED NEVER MARRI	IED '	
00	C	atonsville	21 Locust L	Drive	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWife	126 KIND OF BUSINESS OF
g sold	13a. S		TY IBC CITY OR TO	Sville YES NO	21 Locust	Drive
Scamine 3		Thomas	Wilkins		i e	Adams
event, the medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		0-7324 Mrs. He	Catonsville, Melen H. Burns-2	1 Locust Drive
event, th		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), D BY: E CAUSE (o)	, and (c).) ASH,	P	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
raumotic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSECUTION	QUENCE OF	The same	0
or ather traumotic		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC			
ny injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT (TO DEATH BUT NOT RELATED TO THE		IF YES, WERE FINDINGS USED
o smo	TIFIC				YES NO L	ERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
tem 18 sh	EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN ITE	m 18, PART 1 OR PART 2)
rkedar	MEDI	21d. #NJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)	ICE, FARM ETC)	CITY OR TOWN	COUNTY STATE
21 is mo		220.1 certify that (I) (this hospi	11110	9, and that in (my) (aux)	opinion death occurred on the date one	d hour and from the couses stated
VT: If Nem		22b. SIGNATURE	nevan		IDING MEDICAL STAFF	22c. DATE SIGNED
MPORTANT: If them 21 is morked or Item		22d. PHYSICIAN'S NAME /(TYPE O	NOLAN	220. ADDRESS	for Hell Ave 13	alter ore Inda 122
_		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			Cemetery-Baltin	-
780	St	uneral director 736 certing Funer	Edmondson Al al Estate =C	ge. – 21228. Catonsville.M	250. DATE REC'D. BY REGISTRAR 256. RE 7 NOV 3 (150)	Pane GNATURE OF CO.



requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

obyvician and completely filled in by the funeral papers. Pages 1 and 2 should be filled within 72.

FOR
- STATE
PEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	da	8	1	La
REG. NO.				

REGISTRAR			CEKIII	FICATE OF	VEATH	REG. N	10			
DECEASED NAME FILL	RST	WIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
(TIPE OR PRINT)	Mary	Eleanor	HAR	TER		November	13.	1981	3:30 F	
SEX	4 RACE			OF BIRTH		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR		
Female White		8 MONT	28	19	62	YRS.	MONTHS DAYS	HOURS MIN		
BIRTHPLACE (STATE OR FOREK	76 CITIZEN O	F WHAT COUNTRY?	8			9 BALTIMORE CITY		Y OF DEATH		
New Jersey U.S.A.			MARRIED NEVER MARRIED WIDOWED DIVORCED			Baltimore County				
0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN			IG HOME OR OTHER INSTITUTION			120. USUAL OCCUPATION 126. KIND OF BUSI			DE BUSINESS O	
Balto. County	Frank	Clin Squar	e Hos	p.		Teacher	OF WORKING	Educ	ation	
JOUAL RESIDENCE (IF NUMBER)	COUNTY	ON GIVE RESIDENCE BEFORE	ADMISSION)		ITV I I I I I I I					
Md.	HARF.	Bel Ai	r	YES T	NO []	13e STREET ADDRESS 956 Hillsw	rood I	Road		
FATHER'S NAME	WIDDIE	LAST		15 MOTHER	S MAIDEN NAM					
William	MIDDLE	Phy		Ma	ary	WIDDLE		Allo	hin	
WAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO.	17 INFORMA	INT	ADDRI	ESS			
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 154-14			.938 Carol Balo			gh Lancaster, Pa.			1.	
18. CAUSE OF DEATH (E	nter only one couse p	er line for (a), (b), and	dict					APPROX	MATE INTERVAL ONSET AND DEATH	
PART I. DEATH WAS C	AUSED BY: (EDIATE CAUSE (0)_	Bronchop	neumo	onia, le	eft low	er lobe				
11-11-1										
14-4-10 2	difions, if any, which (Arteriosclerotic cardiovascular disease with									
	Conditions, if any, which (b). Arteriosciero				out cardiovascular disease with					
	gove rise to immediate				old myocardial infarction					
underlying couse lost DUE TO, OR AS A CONSEQUENCE O				ular d	Sease					
	(c)_									
PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GI	VEN IN PART 10	>,	
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING	198. DATE OF OPERATION 198 CONDITION FOR WHICH			NI WAS DEDEC	PAAED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS U			ICC USED	
I I I I I I I I I I I I I I I I I I I	178 CONDITION FOR WHICH		OFERATION WAS PERFORMED			ZVU AUTOFST:	IFYING CAUSES	NG CAUSES OF DEATH?		
	State of the state					YES X NO YES NO			NO 🗌	
210. ACCIDENT WAS UNDERLY		OF INJURY A.M. MONTH DA	V VEAD	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)		
OR CONTRIBUTING CAUSE	OI DEATH	P.M.	19							
21d. INJURY OCCURRED			211 LOCATION		N					
MULTE NOT WHITE	LAT HOME S	TREET, FACTORY, OFFICE FA	RM. ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
	hospital) attended t	he deceased from	Octob	er 23	19. 81	to_ Novemb	er 13	319_81	41- A (1) () 1-	
	220.1 certify that (I) (this hospital) attended the deceased from UCtober 23 19.81 to November 13.19.81, that (I) (we) lost sow the deceased alive an November 13.19.81 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE								22c DATE SIGNED		
					TTENDING	MEDICAL STAF				
	1	AN MI	P.	, i	PHYSICIAN [DIRECTOR PHYSIC		11/1	3/81	
224. PHYSICIAN'S NAME	1	W		22e. ADDRES						
Humberto	Hernande	2		9000	Frank	lin Square	Dr, 2	21237		
BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c N	AME OF C	EMETERY OR C		23d. LOCATION				
Removal	11/16	/81				CITY OR TOWN		COUNTY	STATE	
FUNERAL DIRECTOR					25a DATE	PEC'D BY PEGISTRAD	Name CIS	TOMOSCIPARIO	Aug Th.	

BP______ DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by this attending should be detached for use as the buriol-transit permit. Then please remote condemy with the State Dept. of Health and Mental Hygiene prior to buriol, cremution, at terms.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

injury, or other traur

IMPORTANT: If Item 21 is marked or Item 18 shows any

Anatomy Board

Balto., Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal

njury, or other troumatic event, th

IMPORTANT: If them 21 is marked or them 18 shaws any

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

	REGISTRAR			CERTII	TCATE OF DEATH	REG. NO).				
	CEASED NAME FIRST WILL		HARLES	HART	MAN	20. DATE OF DEATH	1-20	YEAR 0-1981	26. HOUR 10-43		
3 SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS		
M	ale	White		June	6, 1901 YEAR	80	YRS.	VIMS DATS	HOURS MIN.		
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	XXX NEVER MARRIED	9 BALTIMORE CITY O	COUNTYO		1		
Pittsburgh, Pa. USA			WIDOWED DIVORCED			Baltimore County MD					
10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR		
	ossville 21237	Fran	HEACILITY, GIVE STREET A	dospi	tal	Pipe Ins	pector	Beth	Steel		
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Maryland Bal		13c. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS? YES NOWEX	13e. STREET ADDRESS 2023 Sue	Ave.				
14. FA	THER'S NAME FIRST John	MIDDLE Iartman	LAST		15. MOTHER'S MAIDEN NAME FIRST Hoc	MIDDLE		LAS	ıĭ		
	VAS DECEASED EVER IN U.S. AI		166 SOCIAL SECUE	ON YTIS	17 INFORMANT	ADDRE	SS				
(,	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	217 07 4	+273	Edna B. Har	tman, Wife					
	18 CAUSE OF DEATH (Enter only one couse per line for ia) (b) and (c) PART I. DEATH WAS CAUSED BY. Possible Myocardial Infarction IMMEDIATE CAUSE (a)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if say, which Conditions, if say, which Conditions, if say, which										
	gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS ACONSE OF THE TOTAL CAPTURE OF										
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
ATE	19a DATE OF OPERATION	19b COND	ONDITION FOR WHICH OPERATION		N WAS PERFORMED			, WERE FINDINGS USED			
E	190 DATE OF OPERATION 1196 CONDITION FOR WHICH OPERATION 11-20-81 Abdominal Aortic And 210. ACCIDENT WAS UNDERLYING 2116 TIME OF INJURY			Aneurysm YES NOW NORTH			FYING CAUSES OF DEATH? ES NO				
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF		M. MONTH DAY YEAR		21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART	I OR PART 2)			
MEDICAL			OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR TOWN		COUNTY STATE			
	22a. I certify that \$\(\) (this hospital) attended the deceased from November 20, 19.81, to November 20, 19.81 that \$\(\) (we) last sow the deceased alive on November 20, 19.81, ond that in \$\(\) (our) opinion death occurred on the date and haur and from the causes stated above, \$\(\) (we) (did (all (all (all (all (all (all (all (al										
	22b. SIGNATURE Tal	upri	di8(DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IAN D	22c. DATE	SIGNED 20/198/		
		22d. PHYSICIAN'S NAME (TYPE ORPRINT)			22e ADDRESS						
	S. Marupudi				9000 Franklin Square Drive 21237						

BP. DHMH - 16 50M 1/7 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or atte

25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Old Eastern Ave. Funeral Home PA

11/23/81

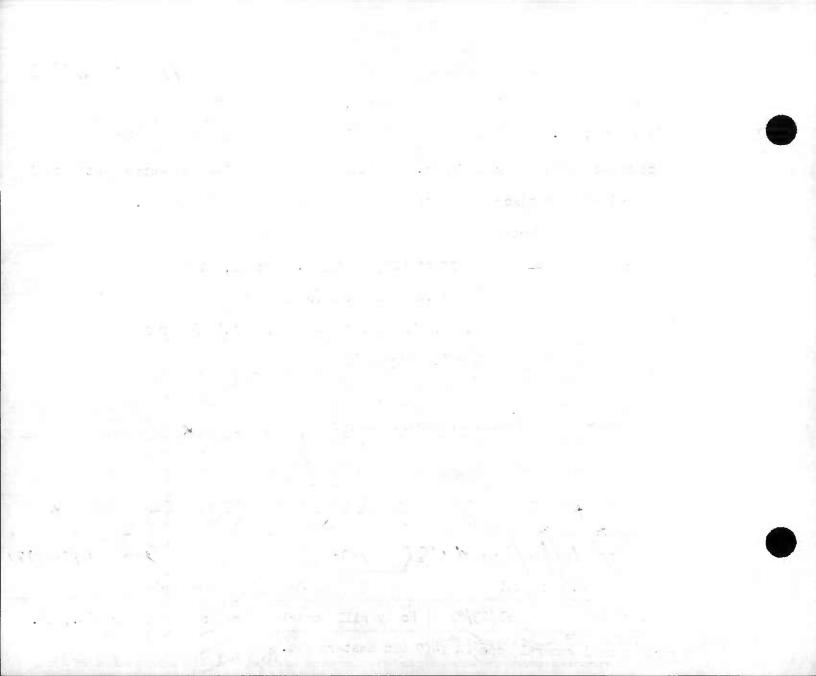
230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Holly Hill Memorial

23d. LOCATION CITY OR TOWN ardens

Baltimore

Co., Md.



by the offending physician

1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	28128			
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	AONTH DAY YEAR 26. HOUR			
- 1	AND	NA .	HARTUNG	November 3	0, 1981 10:52a			
3. SE	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS			
	Female	White	19 91	90	YRS.			
	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR				
1	Germany	U.S.A.	WIDOWED XX DIVORCED	Baltimore (County			
100	Rossville	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRISS P. HOSpital	120 USUAL OCCUPATION (TYPEDE WORKFOR MOST OF V				
1 3a	JAL RESIDENCE (IF NURSING HOME STATE		ADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Bouldin Street			
14. E.	ATHER'S NAME FIRST	MIDDLE Greve	IS MOTHER'S MAIDEN NO	AME	LAST			
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU SIVE WAR OR DATES) 215-22-		ler 143 Sout	s th Bouldin Street			
z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	TION GIVEN IN PART 1(p)						
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	DN WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES NO				
4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		YEAR 19	RED (ENTER NATURE OF INJURY	N ITEM 18, PART I OR PART 2)			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	OUNTY STATE			
		n 11/12 198	March, 19 29 L, ond that in (my) (our) opinian	death accurred on the date	, 19 51 , that (I) (we) last and hour and from the causes stated			
	12b. SIGNATURE.	· Harom	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED			
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS					

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL
(SPECIFY)

BURIAL

Baltimore Cenetery 1 250, DATE REC'D. S.Zeiler & Son Inc. 901 S. Conkling Street

23b. DATE

DEC 2

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	ans. The law requires that the death certificate be executed within 24 haurs after de hysician.
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remave corban popers. Pages 1 and 2 should be filed within 75 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

page 3 er death

OR STATE REGISTRAR		DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENE	8 REC	G. NO.	60	8	Milita	2
ASED NAME	FIRST	WIDDLE	LAST	2a. DAT	E OF DEAT	H MONTH	DA*	Y	YEAR	26. HOUR
PRINTI										100

I DEC	STATE REGISTRAR		CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME FIRST	WIDDLE	L	AST	2a. DATE OF DEA	нтиом Н	DAY YEAR	26. HOUR
[I TPE	GEOR	GE Robert	HAI	RVEY		11	16 18	11:40P
3. SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAY	
	MALE	WHITE	HTHOM		68	YRS	MONTHS DATE	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	TRY? 8.		9 BALTIMORE CI			
	Endining	U.S.A.	WIDOWE	DIN DIVORCED	BALTI	MORE (COUNTY	MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME O		120 USUAL OCCL		12b. KIND	OF BUSINESS OR
	TOWSON	GBMC-6701	N. CHAI	RLES ST.	SHIES M			HULE
13a. S	STATE TUE COL	OTHER INSTITUTION GIVE RESIDENCE BUTY 130. CITY OR T		13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDR	Dublin	pares i	
14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	M.F.		
5		W. HAT	VEY	MAPEL	AIDE	AEC.	DAY	dson
	WAS DECEASED EVER IN U.S. A		ECURITY NO.	17. INFORMATE DALigities)457-4941A	DDRESS BOX	107	
	YES, NO OR UNKNOWN) (IF YES, G	303-16	-3578	Mrs. BArbard	Watson	DALLEN	HA NOTE	rymed 2103
7	underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (c) LUNG (CONDITIONS CONTRIBUTING	CANCER	NOT RELATED TO THE TERM	NINAL DISEASE OR (CONDITION	GIVEN IN PART	(0)
Ö								
IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES	S OF DEATH?
CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMIN	21b. TIME OF INJURY HOUR A.M. MONTH		N WAS PERFORMED	YES NO	IN CER	TIFYING CAUSE YES [
MEDICAL CERTIFICATION	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		YES NO	IN CER	TIFYING CAUSE YES [S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did of above, (1) (we) (did) (did) (did of above, (1) (we) (did) (did) (did of above, (1) (we) (did) (di	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	21c. HOW INJURY OCCUR 211. LOCATION STREET 6 , 19 81 d that in (my) (our) apinion	YES NO	IN CER	COUNTY 19 17 18 19 19 19 19 19	S OF DEATH? NO STATE , that (I) (we) last e couses stated
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has sow the deceased alive of	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	21c HOW INJURY OCCUR 211. LOCATION 5.TREET 16. 19.81	YES NO NEED (ENTER NATURE OF	IN CER IN IN ITEM I OR TOWN 16 he date and h	COUNTY 19 17 18 19 19 19 19 19	S OF DEATH? NO STATE state , that (I) (we) lost

BELLET MANISTON DIONES NOV 181981 Chances

signature larther

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

21 FUNERAL DIRECTOR WILLIAM FOSTER

SE made as well ETTS ALDE CAMPONIANT CONTRACTOR State I state of the second state of the second sec TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

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1	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYC	GIENE O I	40.	5	3 0		
	ECEASED NAME FIRST	WIDDIE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR		
(17)	PE OR PRINT)	E ALLEN	HAWK	INS	November	12. 1981		2:37p M		
3. SE		4. RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF UN	NDER 1 YEAR	IF UNDER 24 HRS		
	ale	White	10	12 1970	1	11101		HOURS MIN.		
	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	XY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH			
	aryland	U.S.A.	WIDOWE	D DNORCED	Baltimore	County		MD.		
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION I	2b. KIND OF	BUSINESS OR		
	ossville	Franklin Sq	uare F	Hospital	Dependen					
13a Ma	aryland Ba.	or other institution give residence bei UNTY 13c. CITY OR TO Ltimore Mid. F	OWN	13d INSIDE CITY LIMITS? YES NO 🔀	853 Ship	friend	Road			
114. F	ATHER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST			
1	Richard	Hawki		Leslee	J.		Ott	.0		
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATEST		17 INFORMANT	85 ⁴ 3 ^{DR}	Shipfr:	iend	Road		
	No	215-82	-4733	Leslee J.	Hawkins	Balto.	, MD.	21220		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line far (a), (b),					BETWEEN ON	ATE INTERVAL		
		ATE CAUSE (a) Severe	Suppura	ative Tracheal	Bronchiti	S				
10	14911	DUE TO, OR AS A CONSEC	DUENCE OF	complicating 1	Fibrocystic	Disease				
Α.	Canditians, if any, which	(b)		of Pancreas(c)	linical)					
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF							
	underlying cause last. (c)									
Z O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?			
CER	210. ACCIDENT WAS UNDERLYING		B NE:-	21c. HOW INJURY OCCUR			OR PART 2)			
	OR CONTRIBUTING CAUSE OF D	ZEMIN .	DAY YEAR							
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION						
Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TO	IWN (COUNTY	STATE		
100		pital) attended the deceased fram	Novem	ber 12 19 81	to Novembe	r 12 19 8	31 th.	at 💢 (we) last		
н	saw the deceased alive of	November 12 19		nd that in (🎷 (aur) apinian	death accurred an the d					
16	72h. SIGNATURE	not) view the bady ones degin.		DEGREE			22c. DATE SI	GNED		
	NO	Olle	2	ATTENDING PHYSICIAN	MEDICAL STA		11-1	2-81		
	274 PHYSICIAN'S NAME THE	OKPRINT	7	22e. ADDRESS		-				
	A. T. Pe			9000i Frank	klin Square	Drive 2	1237			
23a.	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	col	UNIY	STATE		
	Burial	11/16/81	Oak I			Baltimo				
24 F	NAME DIRECTOR Duda	-Ruck, Inc.	5		E REC'D. BY REGISTRAR	25b. REGISTRAR'S				
79	922 Wise Ave	nue Dundalk,	MD. 2	122 NO	V 181981	Corner ()	10 9	Then.		

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.





FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEDTIFICATE OF DEATH

	REGISTRAR				CENTII	ICATE OF DEATH		REG. NO.				
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF D		DAY YEAR	2b HOUR		
(TYP	E OR PRINT)	SHIRL	EY 1	н.	HE	DRICK	11-	12-81		8:000		
3. SE	X		4. RACE		5 DATE		6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	Fema 1		Whi	te	MONI 4		67	YRS		HOURS MIN.		
	IRTHPLACE (STATE OF	r foreign	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH			
	orth Carol	lina	U.S	S.A.	WIDOW		Balti	more Cou	nty	MD		
10 C	ITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a USUAL OC			OF BUSINESS OR		
	alethorpe		3302 V	Vashingto	n Blv	d.	Home:	ormost of working maker	GLIFE) INDUSTRY			
13a.	AL RESIDENCE (IF NUE STATE aryland	13P CON		13c. CITY OR TOWN Haletho	N	13d INSIDE CITY LIMITS? YES NO X	13e. STREET AD	DRESS Washingt	on Blvd.	. 21227		
14_F/	ATHER'S NAME				-	15 MOTHER'S MAIDEN NAM						
	Walter		Bruce	Daven	port	Dora	,	MIDDLE	Bu	irgess		
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	21227			
· ·	NO NEWNKHOWN)	(IF TES, GIV	E WAR OR DATES)	UNKNOWN		Raymond L. H	edrick	3302 Wa		Blvd.		
	18. CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), and	licii				APPROX BETWEEN	ONSET AND DEATH		
	PART I. DEATH V		E CAUSE (a)	C.11 F		Cardiae a	22844	thmig				
	Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF A SCUD, ounging em I											
	Conditions, if on	v. which	DUE 10, 01	R AS A CONSEQUE	NCE OF	As(vI), on	nging	em	T			
	gove rise to immediate											
	underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA											
z	PART 2. OTHER SIG	MIFICANIC	ONDITIONS <u>CC</u>	DATKIRUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE C	OR CONDITION G	IVEN IN PART 10	0 '		
CERTIFICATION	190. DATE OF OPERA	TION	120 601101	TION FOR MANUELL	0050.710		WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED					
1C/	190. DATE OF OPERA	ALION	198. CONDI	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		TIFYING CAUSES	OF DEATH?		
RTII							YES NO YES NO					
S	21a. ACCIDENT WAS UN		21b. TIME O	FINJURY M. MONTH DA	11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAI							
MEDICAL	(IF EITHER NOTIFY MED			M.	19							
EDI	21d INJURY OCCUR	RRED	21e PLACE	OF INJURY BET, FACTORY, OFFICE, FA		21f. LOCATION STREET CITY OR TOWN COUNTY STATE						
Σ	MHILE NOT W	ORK	(AT HOME: SIK	REI, FACIORY, OFFICE FA	RM EIC)	SINCE		.117 Ok 70 VVIV	2001417	STATE		
	22a I certify that (I						, to			that (I) (we) lost		
	sow the deceo	sed olive on.	t view the body	ofter death	, or	nd that in (my) (our) opinion d	death occurred o	on the date and ha	our and from the	couses stoted		
	226. SIGNATURE			one deom.		DEGREE			22c DATE	SIGNED		
	Way	200	Van	Noles	Ms	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	111	12/01		
	22d. PHYSICIAN'S N	IAME (TYPE OF	R PRINT)	201	,	22e ADDRESS	DINECTOR [THISICIAN [11.11	10181		
	WAYA	n	VAY	WALA		301 St. Agn	es Medi	ca1				
	BURIAL, CREMATION	, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATIO	ON				
	SPECIFY)	7	11/17/			II:11 C	D CITY-OR		COUNTY	STATE		

Cedar Hill Cemetery

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR

and Mental Hygiene prior to burial, cremation, or

morked or Item 18 sho

IMPORTANT: If the

Palto Balto Md. 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23b. DATE 11/17/81

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Brooklyn Park A.A. Co.

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VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	3
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pereisined by the hospital or attending physician.
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STATE OF MARYLAND 8 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR				CERTIF	ICATE O	FDEA	ATH		REG. N	۷٥.			
	ECEASED NAME ELIZABETH FE ON PRINT! EX FEMALE BIRTHPLACE (SEATE ON FOREIGN COUNTRY) Md. U.S.A. CITY OR TOWN OF DEATH TOWSON UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BERE IN U.S. ARMED FACILITY, GIVE STREENSTHANDOWN) FATHER'S NAME PRIST HODGE TOWSON LAST HODGE TOWN DE CONTRIBUTION OF COLOR AS ATOMS OF COLOR AS ATOMS OF CONTRIBUTING TOWN HODGE 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONTRIBUTING OF CAUSE OF DEATH HOUR A.M. MONTH P.M. 210 NOTWHILE AT WORK 210 PLACE OF INJURY HOUR A.M. MONTH P.M. 211 INJURY OCCURRED P.M. 212 PLACE OF INJURY HOUR A.M. MONTH P.M. 214 INJURY OCCURRED P.M. 215 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE P.M. 220 L certify that IV (this hospital) attended the deceased from P.M.	MIDDLE	HERBIG HERBIG				NOV 02, 1981 2b. HC					27PM		
3 SE	DECEASED NAME ELIZABETH SEX FEMALE B. BIRTHPLACE (SHATE OF FOREIGN COUNTRY) Md. D. CITY OR TOWN OF DEATH TOWSON ST JOSEPH ST					OF BIRTH	70		6 AGE (IN			IF UNDER I YEA	R IF UNDE	R 24 HRS
	FEMALE		Wh:	ite	2	28		1908	73		YRS	MONTHS DAY	HOURS	MIN.
		FOREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVE	PAAAR	RIED X	9 BALTIMO	ORE CITY		Y OF DEATH		
					WIDOWE	ED 🗌	DIVOR	CED [BAL	TIMO	RE C	OUNTY		MD.
	TOWSON		ST (JOSEPH STREET	S HO			TION	120 USUAL (TYPE OF WO Ret.		TION OF WORKING		OF BUSIN	ESS OR
130.	Md.	136 COUNTY		130. CITY OR TOWN Balto.		13d INSIDI YES 🗌	NC	⊃ X			stle	Dr.		
14. F	FIRST	MIDD	LE	LAST		15. MOTHE	R'S MA	AIDEN NAN	ΛE	MIDDLE		L	AST	
				Herbi			ary			A.			11y	
	YES, NO OR UNKNOWN)			213-14-0		Mrs.		ephan	ie Nov			ckeysvi amrock		
z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost			ANYOTA RAS ANYOUF	OTROPHIC LATERAL SCLEROSIS STODEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						10	- () - ()		
TIFICATIO	190 DATE OF OPERA	NON	19b. CONDI	TION FOR WHICH	OPERATION WAS PERFORMED			D	20a AUTO	DPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES	INGS USES S OF DEAT	TH?
CAL CER	OR CONTRIBUTING	AUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR	21c HOW	NJUR	Y OCCURRE		V		PART I OR PART 2)		
MEDI	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.				211 LOCA STR				CITY OR TO	OWN	COUNTY		STATE	
						DEGREE	X (our	NDING	MEDICAL	STA	FF	our and from the	thot (couses stored SIGNED	
	22d. PHYSICIAN'S NA	dizon	(1)	Or	7	27e ADDR	ESS		BOAT			MD 2	120/	0/

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL 23b. DATE 11/5/81 Burial

23c. NAME OF CEMETERY OR CREMATORY New Cathedral

Baltimore

COUNTY

Md.

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc.,6500 York Rd.

6 198 Crance Jan lathen

A To a to the total and the to

dr Alson _____ rosus Hoan, Tollach, ____ dr

oge 3 death

and 2 should be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. af Health and Mental Hygiene prior to burial, cremotian, or removal.

and campletely filled

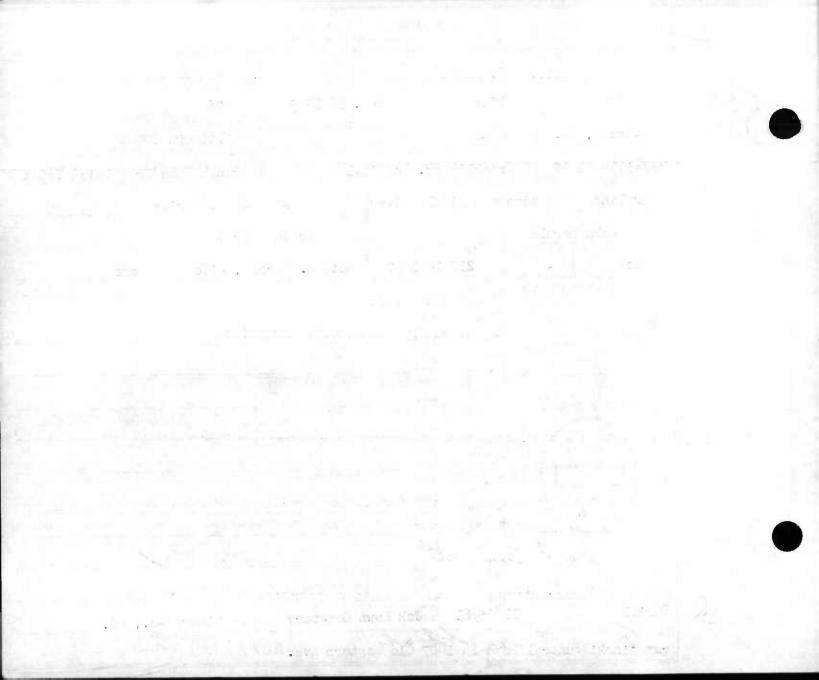
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4.	FOR STATE REGISTRAR	DEPARTI		ALTH AND MENTAL HYG CATE OF DEATH	IENE O REG. N	6	8	0 0
	CEASED NAME FIRST	WIDOLE	LA	51	20 DATE OF DEATH		DAY YEAR	2b. HOUR
TITPE		iam J. HEROLD			November	21, 1	981	4:20P
3. SE.	X	4 RACE	5 DATE OF		6 AGE IN YEARS LAST BE		IF UNDER I YEAR	IF UNIOER 24 H
Male		White	Feb	. 18 1905	76	YRS.	DATS	HOURS M
	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY			
	altimore, Md.	USA	WIDOWED	DIVORCED [Baltimor		ity	
Ro:	SSVILLE 21237	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Sq.	Hospit		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Branch Ma	OF WORKING LIFE	INDUSTRY	n Trus
13a S	Maryland Bal	rother institution give residence before NTY 13c. CITY OR TOW Middle	VN I	13d INSIDE CITY LIMITS?	13e street address 24 Elm. Dr	ive		
14. FA	ATHER'S NAME John Herol	MIDDLE LAST		Mother's maiden NAM	Jones		LAS	т
16a V	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		17 INFORMANT	ADDR	ESS		
	YES, NO OR UNKNOWN) (IF YES, GIV	217 14 1	637	Ruth A. Hero	old, Wife	Sa	me	
NOI	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) Refractor DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	y Vent	cricular Arrhy		IDITION GIVE	N IN PART 1:c	5)
CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WASPERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURR				NO []
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	AT WORK NOT WHILE	N	lovembe	r 16 81	Novembe	n 21		
	sow the deceased alive an above, (* (we) (did) (* **)	tal) attended the deceased from 198	31, ond	that in XX (our) opinion d	, to	, 19		
	22d. PHYSICIANS NAME (TYPE O	Bury MD			MEDICAL STAI DIRECTOR PHYSIC	FF IAN A	22c. DATE :	21/81
	Jorge C.			9000 Frankli	n Square Dr	., 212	237	
230 B	BURIAL, CREMATION, REMOVAL	23b DATE 25/81 23c N	ak Law	n Cemetery	Baltimore	e Co.,	county Md.	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Eastern Ave. NOV 2



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbandopers. Pages I and 2 should be filled with

should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

njury, ar ather traumatic event, the

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CEPTIFIC ATE OF DEATH	

8	C. C. C.	2	8

L' '	REGISTRAR				CERTIF	ICATE OF DI	EATH		REG. NO.			
	CEASED NAME E OR PRINT)	FIRST WI	FFIUL	J. JOHN	[-	EVER.	, Sr.	2a. DATE OF I			7-81	3 8 N
3. SE	Х	4.	RACE		5. DATE C			6. AGE (IN YEA	ARS LAST BIRTHE		IF UNDER I YEAR	IF UNDER 24 HRS
	Male	- 38	White		MONTH 8	3 DAY	11	70		YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY COUNTRY)			WHAT COUNTRY?	8 MARRIE	D NEVER M.	ARRIED -	9. BALTIMOR	E CITY OR	COUNTY	OF DEATH	
	Marvland		US	4	WIDOWE		ORCED [Bal	timor	e Co	unty	MD
H0 C	ity or town of dea andallstow		I IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET NOTE COUN	ADDRESS)			120 USUAL O	OR MOST OF W	ORKING LIFE	E) INDUSTRY	F BUSINESS OR
	AL RESIDENCE (IF NURS STATE Md	13b COUNT Balti	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Catonsvi	'N	13d. INSIDE CIT	Y LIMITS?	13e. STREET AI 1206 U	DDRESS Jester	lee i	Place	
14 F.	ATHER'S NAME FRST Francis		DDIE	LAST Herr		15 MOTHER'S	RST	me erine	MIDDLE		Neff	л
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT	12	Rees	evel	t Road	
1	No No	(IF YES, GIVE V	A AR OR DATES!	011-10-5	323	Caroly	n H. W	alter	Sykes	vill	e. Md.	21784
	18. CAUSE OF DEAT PART I. DEATH W		BY. CAUSE (o)	Condic	5-VRA	yan		A = A			BETWEEN C	IMATE INTERVAL ONSET AND DEATH
	Conditions, if any		(ıb)	Saver	re con	ngestr	1 Hec	nt roul	uno		11	seer
	gave rise to immorable cause (a), stating underlying cause	ng the	DUE 10, O	AS A CONSEQUE		0					? 0	years.
_	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	INTRIBUTING TO E	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE	OR CONDIT	ION GIVE	EN IN PART 10	0 1
ō	En	uphy	semo	λ.								
CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO				NO	N CERTIFY YES	, WERE FINDIN YING CAUSES	
	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21c HOW INJU	JRY OCCURE	RED (ENTERNATU	IRE OF INJURY IF	N ITEM 18 PA	ART 1 OR PART 2)	1/18
MEDICAL	21d. INJURY OCCURI	(ILE	21e PLACE	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	٧		CITY OR TOWN		COUNTY	STATE
			-		11	11/1	6 -	1 1 1	127		0	

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an 127 abave, (1) (we) (did) (did not) view the body after death

DEGREE

22e ADDRES

ATTENDING PHYSICIAN MEDICAL

and that in (my) (our) opinian death occurred an the date and haur and fram the causes stated

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 12/1/81 23¢ NAME OF CEMETERY OR CREMATORY St. Andrews

23d LOCATION
CITY OR TOWN
Baltimore

Maryland Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

etained by the haspital or

BP.

24 FUNERAL DIRECTOR Witzke, P.A.

1630 Edmondson Avenue Catonsville.. Md.

1981

5-2-17 0 STATE AND MAKE AND A BOOK OF THE STATE OF TH

executed within 24 hours after death. Page 4 may be

filled in by the funeral dir nould be filed within 72 hou

completely f

pua

physicia or removal.

carbanpapers. Pages

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8	1	3	5

REGISTRAR				CERTIF	ICAILU	PUEATH		REG. N	Ο.		
I. DECEASED NAME	FIRST	A	AIDDLE	į.	AST		2a DATE C	OF DEATH	MONTH	DAY YEAR	26 HOUR
(ITPE OR PRINT)	Robert		H.enry	HI	CKMAN		Nov	ember	22,	1981	1:45 PM
3 SEX	4.1	RACE		5 DATE C			6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
Male		White	9	07	15	1916	65		YRS.	MONTHS DAYS	HOURS MIN.
OUNTRY)	OR FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 MARRIED NEVER MARRIED			9. BALTIM	ORE CITY C		TY OF DEATH	
Maryland		USA		WIDOWE		DIVORCED	Ba]	timor	e Cou	untv	MD
IO. CITY OR TOWN OF D	EATH 11.		HOSPITAL, NURSIN		R OTHER II	NSTITUTION	12a USUAI	OCCUPAT	ION		OF BUSINESS OR
Rossvill	e I		Lin Squa		lospi	tal	reti	red-l	Id.S	tate H:	ighways
USUAL RESIDENCE (IFN	IRSING HOME OR OTH		GIVE RESIDENCE BEFORE		1124 INISHD	ECITY LIMITS?	13e. STREET	ADDRESS			
Maryland	Balti		Chase		YES [NOX			ster	n Ave.	21027
14. FATHER'S NAME	MIDI	D) E	LAST		15. MOTHE	R'S MAIDEN NA					
David		lickman		L	ottie		MIDDLE		Slan	ughter	
160 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRI	SS		0
(YES, NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	217-01-	5930	E1i	zabeth	м. н	ickma	an P	.O.Box	125
Canditions, if an gave rise ta is cause (a), sta underlying cau	mmediate ting the ise last.	DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	NCE OF	Y NOT RELAT	leli-	Hen MINAL DISEA	1 Di	DITION G	VEN IN PART 1	m.
OI											
NO 190 DATE OF OPER	ATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUT	OPSY?	IN CERT	ES, WERE FINDII TFYING CAUSES YES	NGS USED OF DEATH?
0.0.00.00.00.00.00	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	A. MONTH DA	Y YEAR	21c. HOW	INJURY OCCUR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART OR PART 2)	- 1
OR CONTRIBUTING L. (IF EITHER NOTIFY M. 21d. INJURY OCCU. WHILE NOT	WHILE O	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	RM ETC)	211. LOCA STR			CITY OR TO	wN	COUNTY	STATE
22a.1 certify that saw the dece above, (1) (we The SH314.5 URE	(I) (this hospital) osed alive an ((did) (did nat) vi	111181	19		d that in (m	y) (607) apinion (MENICAL	ed on the do	· F	-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar re-TO HOSPITAL OR ATTENDING PHYSICIAN, The retained by the haspital ar attending physician BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Dr. Lyden 23a. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 11/25/81

Lassahn Funeral Home

24 FUNERAL DIRECTOR

Ebenezer Cem.

7409 Belair Road

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

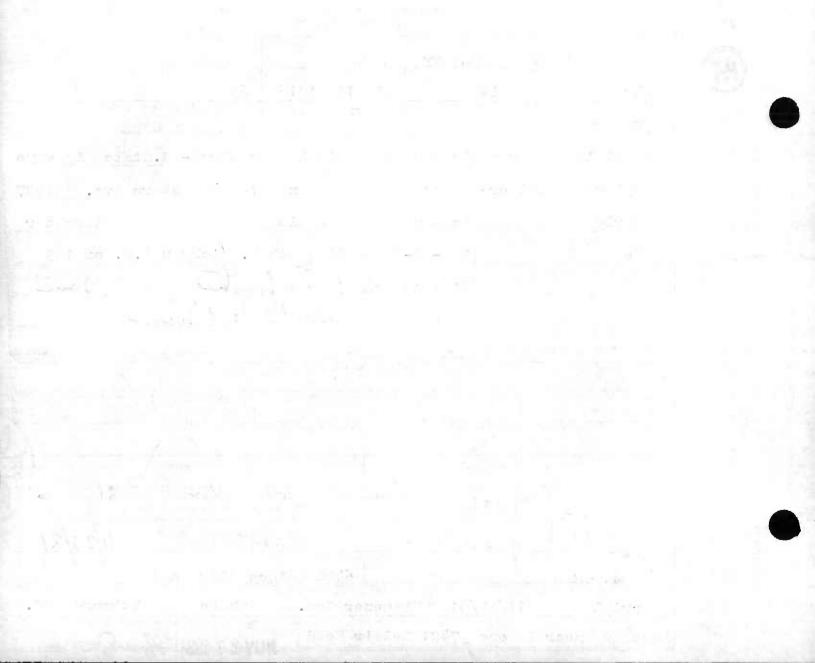
23d LOCATION CHIY OR TOWN

6402 Golden Ring Road

Baltimore

Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



ATTENDING PHYSICIAN, The low

DHMH-16 50M 1/81 (VRA 15, 4)

	FOR STATE REGISTRAR DECEASED NAME FIRST					RE		B g	3 6		
	TYPE OR PRINT)	145			HICKS				16. HOUR		
3.	SEX	RECORDING TO PEATH THOMAS RUSSELL HICKS THOMAS RUSSELL HICKS S.DATE OF DEATH MONTH DAY NOVEMBER 4. 38 S.DATE OF DEATH MONTH DAY NOVEMBER 4. 38 S.DATE OF DEATH MONTH DAY NOVEMBER 4. 38 S.DATE OF DEATH MONTH DAY MANY 21, 1895 86 YRS S.DATE OF DEATH MONTH DAY MAY 21, 1895 86 YRS MONTH DAY MONTH DAY MONTH DAY MAY 21, 1895 86 YRS S.DATE OF DEATH MONTH DAY MAY 21		IF UNDER LYEAR	IF UNDER 24 HRS						
	Male	Wh	White May		21, 1895	86	YRS	MONTHS DATS	HOURS MIN.		
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH			
43	Maryland								MC		
0	CITY OR TOWN OF DEATH Towson	CHEACHTY, GIVE STREET /	sing		TYPE OF WORK FOR M	OST OF WORKING LIF	ORKING LIFE) INDUSTRY				
6			13c CITY OR TOW	V							
14	FATHER'S NAME FIRST	MIDDLE	LAST				DLE	LAS	ot .		
X	Thomas				Anna		Er	ngland			
7	(YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)						-			
7					Mrs. Adel	e M. Hi	ICKS	San	MATE INTERVAL ONSET AND DEATH		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	DR AS A CONSEQUE	NCE OF	Dementia de la terios clero	NAL DISEASE OR	condition Give	3 3 3 FN IN PART 10			
2	Right	Hem	graresi	٠,	2 weeks	20a AUTOPSY?	20b IF YES	, WERE FINDIN	NGS USED		
4	OR CONTRIBUTION TO CAUSE OF DEA	TH HOUR A	.M. MONTH DA		21c HOW INJURY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM 18 P	ART I OR PART ?)			
1	CONTRIBUTION CAUSE OF DEA			RM, ETC)		CITY	OR TOWN	COUNTY	STATE		
	sow the deceosed olive on	10-	- 30 198	_	7		he date and hou		that (I) (we) lost couses stated		
	William Pt	enso	. 2r.	br.	ATTENDING			22c DATE	SIGNED		
11	22d PHYSICIAN'S NAME (TYPE O		nson, Jr	. , M		N. Calve	ert St.,	, Balto	., Md.		
23	a. BURIAL, CREMATION, REMOVAL					CITY OF TOW	VAI	COUNTY	Md . STATE		
24	Burial FUNERAL DIRECTOR LIGHT					REC'DUBY RECYGI	RAH PEGIST	RE SIGNE	VIU.		
	4905 York Road	-	DOME 33			A 9 1381	France	against	MANAGE TO SERVICE TO S		

STATE OF MARYLAND

STOR WINDOWS TO /C ri ius responsable de la companya de bear if a secrification r - 1 - 1 CHARLEN Thomas Picus vana vas _ www.i ditti _ come. wele w.iHise _ sques_ __independent if helped the literature of sending Dr. William P. Banson, Jr., M.D. 2806 N. Silvent St., Balton, co Eurial 11/7 81 Shuis Ridge FiceLville Hanny W. Jenkins & Sons Co. HERE YORK FORM BILLO., 196. 41218

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4 HRS MINI
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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REG. NO.					
١	28. DATE OF DEATH MON	ITH	DAY	YEAR	2b. HOL	JR
	11	'	9-	81	13	1/10
	6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDE	RIYEAR	IF UNDER	24 HRS
ĺ	73		MONTHS	DAYS	MOURS	MIN.

8

	CEASED NAME FIRST	MIDDLE		LAST	2e. DATE OF DEATH A	AONTH DA	YEAR	2b. HOUR
(177)	MAN	VIE	HO	CHBERG	/	11-9	7-81	120
3 SE	Х	4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRTH		F UNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE	NOV.	1, 1908 YEAR	73	ONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE	D XX	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
	RUSSIA	USA	WIDOWI		MC			
J0. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		12b. KIND C	F BUSINESS OR
	RANDALLSTOWN	BALTIMORE COU		N. HOSP.	CHAUFFEUR	WORKING LIFE)	TAXI	CABS
	AL RESIDENCE (IF NURSING HOME C STATE 136 COU			1 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	AP'	T. 1-B	
	MARYLAND /	3A/10 BALTIM		YES XX NO	6930 MARSU	E DR.	#21	215
14 F/	ATHER'S NAME	1.7		15. MOTHER'S MAIDEN NA				
	ABRAHAM	HOCHBE:	RG	SYLV I	A		BRONS	TEIN
16a V	WAS DECEASED EVER IN U.S. A		URITY NO.		. ALICE HOCH	SEDC	27.0	
4	YES NO OR UNKNOWN) LIF YES G	GUARD 212-03-	7834	6930 MARSUE			04045	
	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), o ED BY: ITE CAUSE (o)		Annaci i	- ELERTON	0 4. 7	21215 APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse [o], stating the underlying couse lost.	DUE TO, OR AS A CONSEON (b) PULM DUE TO, OR AS A CONSEON (c)	UENCE OF		LISM D			ON)
NO		CONDITIONS CONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CONDI	TION GIVEN	1).	
ATI	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
F					YES IN NOI	IN CERTIFYII YES	NG CAUSES	
CERTIFICATION	210. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR				NO []
CA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19	and the second				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	,	COUNTY	STATE
	220. I certify that (I) (this hosp sow the deceased alive or	ital) attended the deceased from) . or	d that in (my) (our) opinion o	to	19 and hour o		that (I) (we) last couses stated
	22b. SIGNATURE	3		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE	SIGNED 1

CONANAN, MI. NOV. 11, 1981 230. BURIAL, CREMATION, REMOVAL BURIAL

131 NAME OF CEMETERY OF CREMATORY
HEBREW YOUNG MEN

21215

RANDAUS TOWN CIBALIFIMORE

COUNTY MARYLAND

SOL LEVINSON & BROS. INC. 24 FUNERAL DIRECTOR BALTO., MD 6010 REISTERSTOWN RD

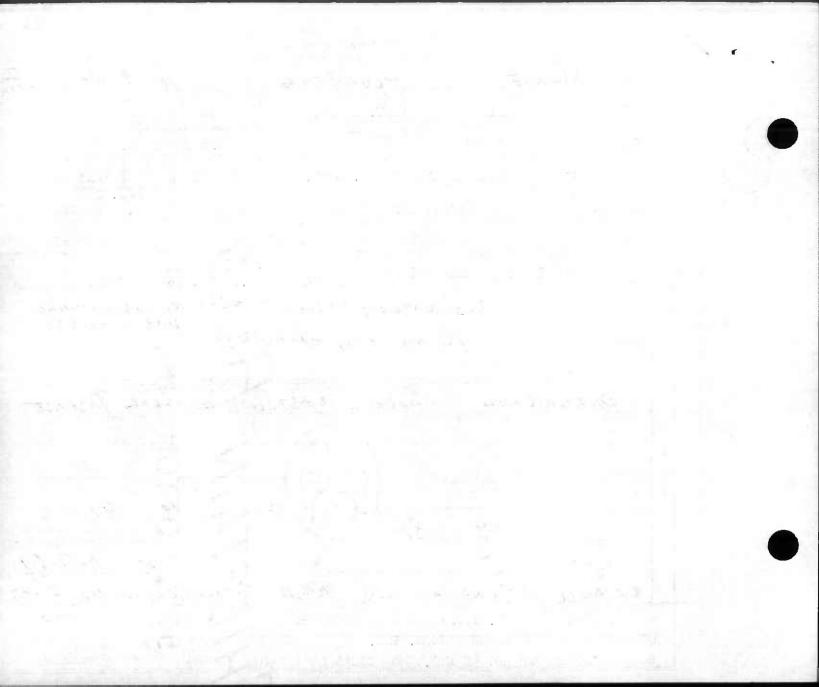
22d. PHYSICIAN'S NAME (TYPE OR PRINT)

FOR STATE

REGISTRAR

250. DATE REC'D. BY REGISTRAR 250. BY STRAR'S SIGNATURE

BP.



STATE OF MARYLAND

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1	STATE REGISTRAR		DEPAR		FICATE OF DEATH	REG.	NO.	1 3 7
	CEASED NAME FIR		ntford	НОСК	ENBERRY	20 DATE OF DEATH	11-3-81	2b. HOUR 7:30am
3. SE	X	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST E		
	Male	Wh	ite	05	14 1920	61	YRS	DAYS HOURS MIN.
70. B	RTHPLACE (STATE OR FOREIC COUNTRY) West Virgi		USA	/? 8 MARRI WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY BALTIMORE	OR COUNTY OF DEAT	IH MD
	TY OR TOWN OF DEATH		T. JOSEPH TR		OR OTHER INSTITUTION		TION 12b. KII T OF WORKING LIFE) INDUS n -0 smose	
		COUNTY	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	3	
_	aryland Ba	1timor	e Overle	ea	YES NOTHER'S MAIDEN N		ec Circle	21236
14. F	Charles	WIDDLE	Hocker	berr	FIRST	MIDDLE	Wi	Lmer
	VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	I.S. ARMED FOR			7 Bonnie L	Hockenbe	rrv 9 E.	Monec Cir
	Conditions, if ony, whi gave rise to immedic cause tal, stating t underlying cause lo	ich ofe hhe DUE	TO, OR AS A CONSEO					
NO	PART 2 OTHER SIGNIFIC	ANT CONDITIO	ONS CONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN PAI	RT 1/o
CERTIFICATION	190. DATE OF OPERATION	19b. C	CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES □ NO[X]	206. IF YES, WERE FI	INDINGS USED USES OF DEATH? NO
	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOL	IME OF INJURY UR A.M. MONTH I P.M.	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	IURY IN ITEM 18 PART 1 OR PAR	स 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	CATHO	LACE OF INJURY OME STREET, FACTORY, OFFICE	, FARM, ETC }	21f LOCATION STREET	CITY OR T	OWN COUNT	TY STATE
	220.1 certify that X) (this saw the deceased of above, XI (we) (did) (ive on	1-3 19	81 9		, to <u>11-3</u> n death accurred on the		, that XI (we) last in the causes stated
	226. SIGNATURE Matin	idad	Dide I	Cion		MEDICAL STA	AFF %/	DATE SIGNED
	22d. PHYSICIAN'S NAME NATTVIDAI	D. DE	LEON, M.D.		7620-YOR	K ROAD TOWS	ON, MD. 212	04

23c. NAME OF CEMETERY OR CREMATORY

BP.

O HOSPITAL OR ATTENDING etained by the haspital ar TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physician and campletely filled in by the

should be detached far use as the burial-transit permit. Then please remave corbangopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. I hem 21 is marked or Item 18 shows any injury, ar other troumatic event, the

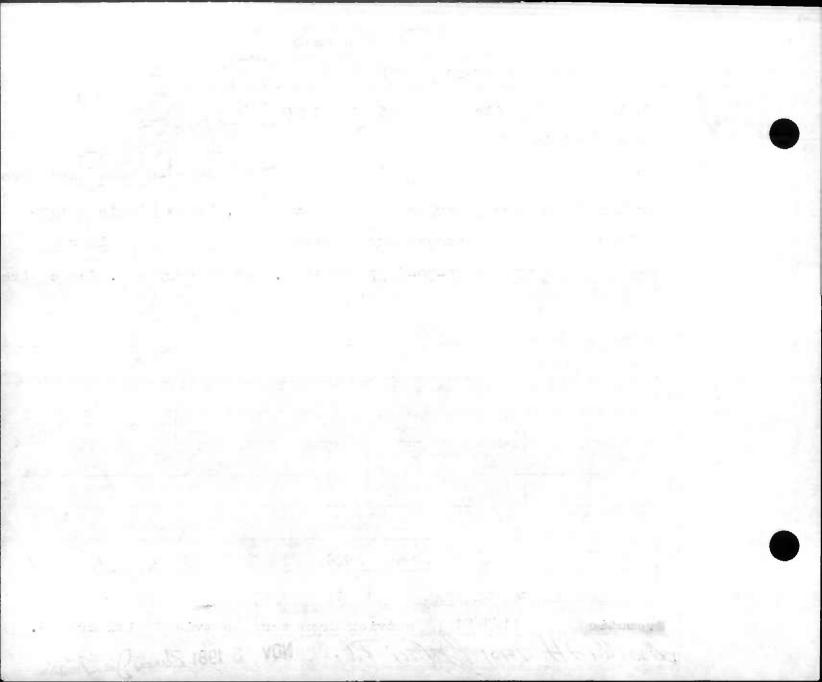
and 2 sh

DHMH - 16 50M 1/B1 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Cremation 23b DATE 11/5/81

Westview Crematory

73d LOCATION
CITY OR TOWN
Westview Baltimore Md. 25 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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8	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TH	EG. NO.	8 1	40
n. /		CEASED NAME FIRST E OR PRINT)	MIDOLE	LAST	20 DATE OF DE	нтиом НТ	OAY YEAR	2b. HOUR
y be		George		HOFFMAN	Novemb		1981	12:34 M
A	3. SE	Male	White	5. DATE OF BIRTH	YEAR 8/	AST BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
3		COUNTRY; Balto. Md.	U.S.A.	MARRIED NEVER MARR	Baltim	ore Cou		MD.
by the fi		Rossville	Franklin Squ	are Hospital		MOST OF WORKING	LIFE) 12b. KIND O	· Retired
in 24 hours ly filled in shauld be	13a. :	STATE DE COU	MOTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CBY OR TOW	YN 13d, INSIDE CITY LI	4/2	White	Avenue	
completely and 2 sh	14. F/	ATHER'S NAME FIRST William	offman LAST	15 MOTHER'S MAI		DOLE	LAST	
oe execution and community and		VAS DECEASED EVER IN U.S. AI	RMED FORCES? IVE WAR OR DATES) 16b SOCIAL SECU 213-10-2	IRITY NO. 17 INFORMANT	Hoffman - 4	DDRESS 124 Whi	te Ave	21206
quires that the death certifications by the attending proper properties and the please remove carbon to buriol, cremation, or remainivy, or other traumatic eventions.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ence of processing Pro		CONDITION G	SIVEN IN PART 110	
he law re an. hos beer t permit. I ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY YES □ NO	IN CER	ES, WERE FINDIN TIFYING CAUSES YES []	GS USED OF DEATH?
SICIAN: The ng physician certificate huidl-transit pentol Hygier item 18 sheet		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY AY YEAR	OCCURRED (ENTER NATURE O	DE INJURY IN ITEM 18	B PART OR PART 2)	
ING PHYS r attendini strer this c os the bur lith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC) 21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
TEND: Intal a TOR: A ar use of Heal of Is m		saw the deceased alive or above, (Viwe) did tdid n	offended the decreased from		opinion death accurred an	the date and hi		
ITAL OR AT by the hasp yy the hasp RAL DIREC's detached for the Dept.		22b. SIGNAMORE	4. all		IDING MEDICAL	STAFF HYSICIAN	271 DATE	26 S/
to HOSPITAL etained by the TO FUNERAL should be detained the State with the State		22d PHYSICIANS NAME INTO	M. Wlock	22e. ADDRESS	- 9	Mo	SF	
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		name of cemetery or crem	h Cem Bo	Sto. Mc	COUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	John C. Miller	Inc16415 Bela	ir Rd21206	NOV 3 0 19	81 Casa	STRARY SIGNATU	Warthen

. . . provides the same of the same and the same 17-1-12 arte . o. ban - 12 '24- 1-14 exiet 11-2-11 groves of Frith on Laction C. 10 12 . Liber Int. -16/17 velain M. -2/201 . Williams

FO	1 -	FOR STATE REGISTRAR	16			MENT OF	E OF MARTE HEALTH AND FICATE OF	MENTAL HYG	REG. N		8	4
		CEASED NAME OR PRINT)	ANTHON	ĮΥ	MATThew	HOFME	ISTER	SR.	November 2		AY YEAR	26. HOUR 10:45
	SE:	ALE		4. RACE WHIT		5 DATE	DF BIRTH	YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
100		RIHPLACE (STATE OF	FOREIGN	VSA	WHAT COUNTRY	MARRIE WIDOW	D NEVER	MARRIED	Baltimore CITY	OR COUNTY		
-0.00		SSVILLE	ATH		HOSPITAL, NURSI				CHA OF PEU	ION	126. KIND C	F BUSINESS
3.5	13a S	AL RESIDENCE (IF NUI TAJE ARYLAND		TIMORE			13d. INSIDE O	ITY LIMITS?	13. STREET ADDRESS	NNING	S DANI	E
30	4 FA	THER'S NAME WOLFGAN	ig Hoi	MEIST	ER LAST			SMAIDENNA			LAS	
1		VAS DECEASED EVE (ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	217163		17 INFORMAL Lil		R. Hofmei			Lane
	CERTIFICATION	cause (a), staff underlying caus PART 2. OTHER SIG	e last NIFICANT C	(c)ONDITIONS C	ONTRIBUTING TO	DEATH BUT			INAL DISEASE OR CON	20b. IF YES,	N IN PART 10	NGS USED
		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	п	DF INJURY .M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	YES NO	YES		NO 🗆
	MEDICAL	21d INJURY OCCUP	RRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE		21f LOCATION STREET	ON	CITY OR TO	NWC	COUNTY	STATE
	ì	220.1 certify that as saw the decear above,	(this haspitesed of one	Novemb	er 25 19		oer 24 nd that in (1%)		ta Novemb	er 25, 1		that (we)
E		226. SIGNATURE	m	_ (Den	~			MEDICAL STA	AFF CIAN []	22c. DATE	SIGNED S-97
		1220 PHYSICIAN'S N	AME (TYPE OR	PRINT)	UNG			000 Fra	nklin Squa	re Driv	ve 2123	37
	(urial, cremation spe burial	, REMOVAL	236. DATE 11-2	28-81 Ga	rden:	EMETERY OR		Baltimo		county arylar	STATE
31	24. FU	NERA DESOR	rail	121	11 Ches	anh.	-	250. DATE	REC'D. BY REGISTRAN	PANCES	AMSSIGNAT	BETTER

STATE OF MARYLAND

A SET LE CON ELLE SET LE FLE SET LE S reinia. 21 1 31 0 . illian . o eister 120 June

mains 11-2-1 restant of sith of the protection

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should be detached far use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal

MPORTANT: If them 21 is morked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

injury, ar other troumatic

1 -	FOR STATE REGIS
	OR PRINT
3. SEX	MAI
C	THPLA OUNTRY
IN CIT	
	RAN
USUA 30. S1	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
1. DECEASED NAME FIRST HAR	RY	H	ORWITZ		AONTH DAY YEAR	26. HOUR 35		
3. SEX MALE	A RACE WHITE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA		76 CITIZEN OF WHAT COUNTRY? 8 MARRIE		9 BALTIMORE CITY OR COUNTY OF DEATH				
RANDALLSTOWN	BALT IMORE	GIVE STREET ADDRESS)	OR OTHER INSTITUTION I. HOSP.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V BOOKKEEPER	WORKING LIFE) INDUSTRY	F BUSINESS OF		
MARYLAND	DUNTY 13c CHT		13d INSIDE CITY LIMITS? YES XX NO []		LVEDERE AVE.	21215		
14 FATHER'S NAME FIRST UNKNOWN	MIDDLE HORWI'		REBECCA	WIDDLE	UNKNOWN			
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) YES WW	GIVE WAR OR DATES)	-03-4084	17 INFORMANT MRS 230 SHOREWAR	DORIS ROFF	T NECK, NY 1	1021		
18. CAUSE OF DEATH IERIE PART I. DEATH WAS CAU MMMED Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	USED BY: DIATE CAUSE (b) DUE TO, OR AS,A,C	CONSEQUENCE OF	and new tie an	enia	dien eg e	toeck		
	Tankeni	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 110	1		
190. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES (YES			
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART 1 OR PART 2)			
AT WORK AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	RY, OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	11-9//	oth. 19 8 , on	nd that in (my) (our) opinion o	death occurred on the date				
22b. SIGNATURE	chal He	mp	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE S	194-8		
22d PHYSICIAN'S NAME (TY	PE OR PRINT)	1	22e_ADDRESS	^		1		

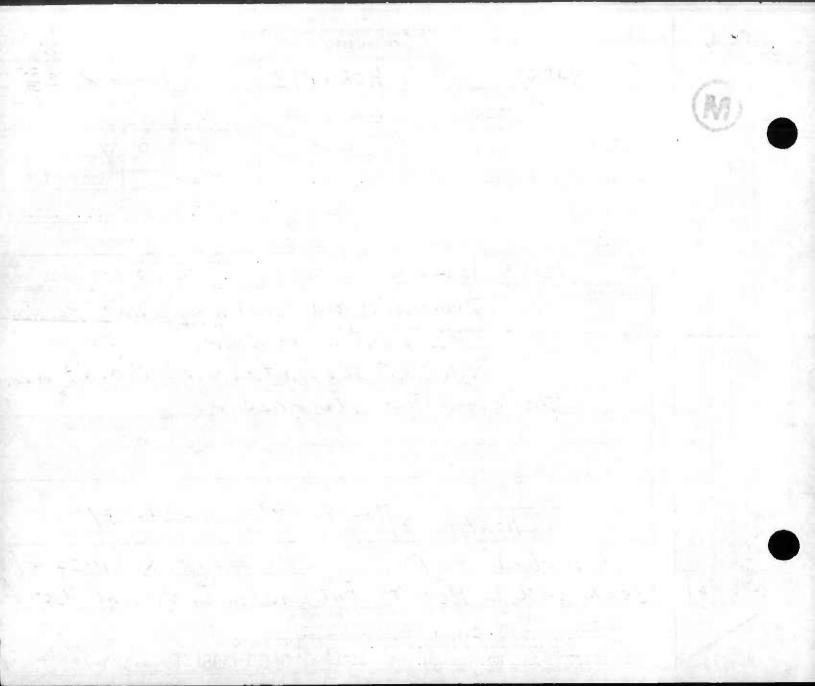
DHMH - 16 50M 1/81 (VRA 15, 4)

BALTIMORE HEBREW 12., INC. 12 SOL LEVINSON & BROS., INC STERSTOWN RD. BALTO., MD 6010 REISTERSTOWN RD.

230. BURIAL, CREMATION, REMOVAL BURIAL

MARYLAND 21215

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	2	8	Balling a	6	3
HIM	DA	Y YE	AR 2	b. HOUF	2

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3441)	BETTY	CLARISSA	HOWARD	Nov. 29, 1981	5:50 a _m m
3. SE)		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Female	White	May 4, 1935	46 YR	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED XX	9 BALTIMORE CITY OR COUN	TY OF DEATH
	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore	County MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY Higher
Mi	iddle River	4021 Briar P		Administrator	Education
13e. S	STATE 13b COUN		N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
_	2	timore Middle R		4021 Briar Pt.	Rd. 21220
N PA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
16 .	Claude	Howard	Mary	Clarissa	Howard
		/E WAR OR DATES)	Nor		Five Farms Lane
	No	215.32.5	416 Tim	onium, Maryland	21093
	PART I. DE ATH WAS CAUSE	nly one couse per line for (o), (b), and	tate Rencied	- (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	gove rise to immediate cause (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
TFIC				YES NOW IN CER	TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 218 IN JURY OCCURRED WHILE AT WORK ALWORK	HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM:	OUNTY STATE
		tol) ottended the deceased from_	Dan 19 81		, 19 that (h (we) lost
	sow the deceosed olive on obove, (I) (we) (did) (did no	t) view the body ofter death	, and that in (my) (our) opinion	death occurred on the date and h	nour and from the causes stated
	22b. SIGNATURE	an all	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
	Vaus	11 Hah	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/30/1981
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT	22e ADDRESS	100	. 0
	Havis	M. Hahn	5601 hos	h Kaven B	lad 21239
	SURIAL, CREMATION, REMOVAL	236 DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
Cr	cemation	11/30/1981 Gr	een Mount Cremator		Maryland
4	JNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAR Bb. REG	Construction of the same
		dley, Inc., Dund		2 1981 Chance	1 10 - 1 to Eur

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Pagg retained by the hospital or attending physician.

BP.

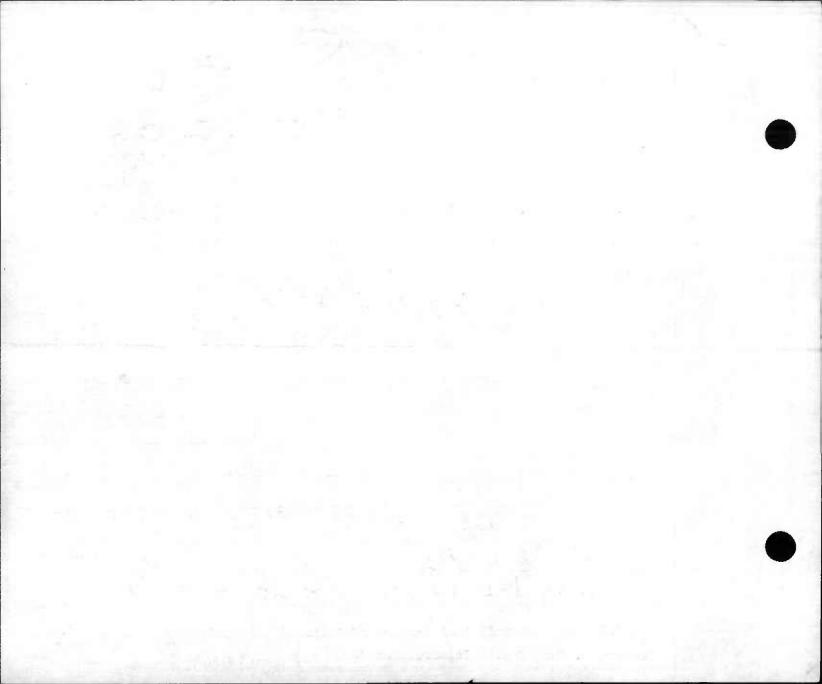
DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE REGISTRAR

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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIEN	S 31	-	2	8	Spinite.	4	
CERTIFICATE OF DEATH		REG. N	0.				

	3. SEX	•	T4.1	RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAS	T BIRTHOLAY)	9 8/	IF UN
		Female		White		MONTH		73	YRS.	MONTHS DAYS	HOU
35		SIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF W COUNTRY) Id. USA			HAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED TO DIVORCED N			9 BALTIMORE CIT BALTIN			
58	TO	TY OR TOWN OF DI DWSON	LIE NOT IN SHOW SACHIEV CIVE STREET ADDRESS		SPITA		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE		12b. KIND OF BUSII INDUSTRY		
35	13a S	AL RESIDENCE IF NO TATE MD.	13b COUNTY Balto	130	RESIDENCE BEFORE CITY OR TOWN	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRE		ry Rd.	
30	14 FA	THER'S NAME FIRST	MIDI	Morman	n EAST		15 MOTHER'S MAIDEN NA FIRST Edith	ME MIDDL L_{ullet}	E	(A	ST
1		VAS DECEASED EVE (ES. NO OR UNKNOWN)	(IF YES, GIVE W		15-03-50		Mr. Thomas H		DRESS same		
		Conditions, if an gave rise to in cause (a), state	nmediote	DUE TO, OR AS	VERE ASO SA CONSEQUE	NCE OF	ASCOS	TAPPARCTIO	INF.	The	tr.
		underlying cau	se lost	(c)	S A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	a
2	TIFICATION	underlying cau	SNIFICANT CON	(c) NDITIONS <u>CONT</u>	RIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YE	IVEN IN PART 10 ES, WERE FINDING CAUSES (ES (ES (ES (ES (ES (ES (ES (NGS U
2	DICAL CERTIFICATION	PART 2 OTHER SIG	GNIFICANT CON ATION DEFLYING CAUSE OF DEATH DICAL EXAMINER)	19b CONDITIONS CONTINUE OF INHOUR A.M. P.M.	RIBUTING TO D OF FOR WHICH (JURY MONTH DA	DEATH BUT	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YE	ES, WERE FIND! IFYING CAUSES (ES	NGS U
2	MEDICAL CERTIFICATION	UNDERLYING COU PART 2 OTHER SIG 19a DATE OF OPER 21a, ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME 21d IN JURY OCCU AT WORK NOTIFY ALL WORK	ATION ATION MDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE WORK	19b. CONDITIONS CONTINUE OF INHOUR A.M. 21b. PLACE OF (AT HOME STREET)	RIBUTING TO D IN FOR WHICH (IJURY MONTH DA INJURY FACTORY OFFICE, FA	OPERATION Y YEAR 19	n was performed	200 AUTOPSY? YES NO C	20b. IF YE	ES, WERE FINDI IFYING CAUSES (ES	NGS U
29	_	UNDERLYING COU PART 2 OTHER SIG 19a DATE OF OPER 21a, ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME 21d INJURY OCCU WHILE AT WORK 22a.] certify that is sow the deceded.	ATION ATION MDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE ORK (NIS hospital) Assed olive an	19b. CONDITIONS CONTINUE OF INHOUR A.M. 21b. PLACE OF (AT HOME STREET)	RIBUTING TO D N FOR WHICH (IJURY MONTH DA NJURY FACTORY OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO CRED (ENTER NATURE OF I	20b. IF YE IN CERT YOUNGER TOWN	ES, WERE FINDI IFYING CAUSES (ES	NGS U S OF DE NO
29	_	Underlying cau PART 2 OTHER SIG 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE AT WORK 22a. I certify that is sow the deced	ATION ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE CORK A (Fulls haspital) assed of the animal of the control of the c	19b CONDITIO 21b TIME OF IN HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREET) attended the di	RIBUTING TO D N FOR WHICH (IJURY MONTH DA NJURY FACTORY OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	21c HOW INJURY OCCUR 21f LOCATION STREET 2 3 19 2 7 Ind that in (n 1 (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OF C	20b. IF YE IN CERT YOUNGER TOWN	COUNTY 19 6 22c. DATE	NGS U S OF DE NO



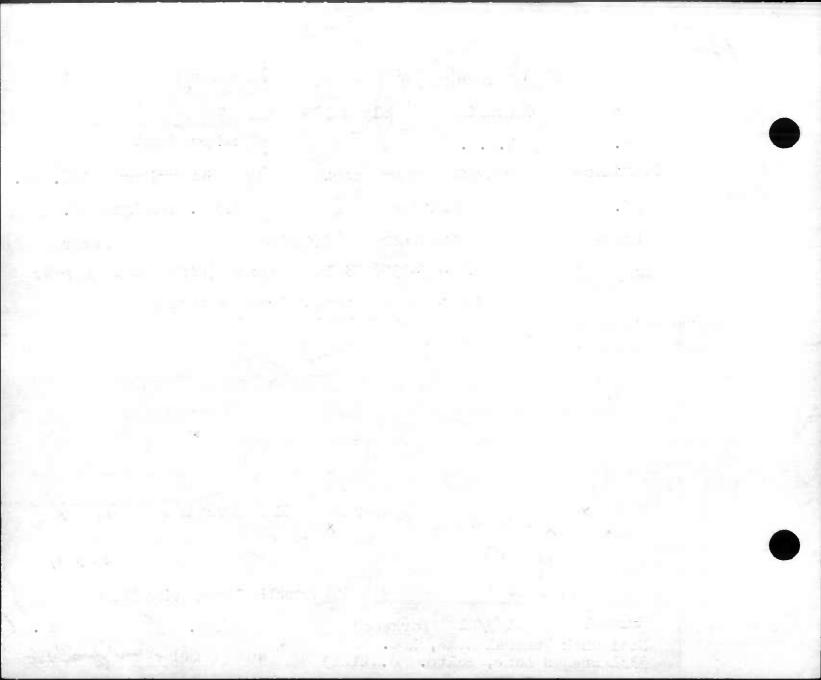
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	TO FUNEX IN the mapping of a first of the man and the man of the control of the mapping of the project of the p	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examine must be fourlied at the second control of th	3/3/1
NG PHYSICIAN: The law requires that the death certificat	differ this certificate has been signed by the attending physics the buriol-transit permit. Then please remove corbanapa	with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumont event, th	29
TO HOSPITAL OR ATTENDING PHYSICIAN: The la	TO FUNERAL DIRECTOR: A should be detached for use	with the State Dept. of Heal IMPORTANT: If Item 21 is mo	

FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8	REG. NO.	2	3	Tion by	4	5
								-

н	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.			
Ī	DECEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 25 HO	ÜR	
	(TYPE OR PRINT)	HENRY	(NMN)	HUETT	NER	November	5, 1981	8:3	0a "	
F	3. SEX	4 RACE		5 DATE C		6 AGE IN YEARS LAST	BIRTHDAY) IF UND	DERIYEAR IF UNDE	ER 24 HRS	
L	Male	Cai	ıcasian	Jul		72	YRS.	J DATS HOURS	MIN.	
4	a BIRTHPLACE (STATE C	OR FOREIGN 76 CITIZ	ZEN OF WHAT COL	INTRY? 8.	XX NEVER MARRIED		OR COUNTY OF D	EATH		
A.	Md.		J.S.A.	WIDOWE		- Daltamon	e County		MD.	
1	O CITY OR TOWN OF D	LIEN	ME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPA	ATION 126 T OF WORKING LIFE) INI	KIND OF BUSING	VESSOR	
4	Baltimor	re Fr	ranklin	Square	Hospital	Area Sup	ervisor	Elec.	Čo.	
5	USUAL RESIDENCE (IF NO 130. STATE Md.	136 COUNTY	13c CITY C		13d INSIDE CITY LIMITS?			n Dd		
4	4 FATHER'S NAME		Da	TOTHIOLE	YES NOX		Woodlyr	III Ru.		
	Henry	MIDDLE		ettner	FIRST	MIDDLE		LAST		
4	60 WAS DECEASED EVE	R IN U.S. ARMED FO		AL SECURITY NO.	Elizat	ADD	PRESS	Hoehn		
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR	DATES) 212-	05-4376	Viola Hue	ettner (wi	fe) same	e addre	ss	
F	18 CAUSE OF DEA	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (
1	PARTE DEATH	IMMEDIATE CAUS	E (a) Cardi	opu Imonar	ry Arrest; C	arcinoma of	Lung			
1	162									
1	Conditions, if an									
1	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
1			(c)							
1		SNIFICANT CONDITI	IONS <u>CONTRIBUTIN</u>	NG TO DEATH BUT	NOT RELATED TO THE TE	rminal disease or co	NDITION GIVEN IN	PART I/a		
-	4 190 DATE OF OPER	ATION 119h	CONDITION FOR	WHICH OPERATION WAS PERFORMED 200 AUTO			20h IE YES WER	E FINDINGS USE	-	
	190 DATE OF OPER		CONDINION		TASTERIORMED	YES NO		CAUSES OF DEA	ATH?	
			TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OF	PART 2)		
	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	DAT TEAR						
	OR CONTRIBUTING L (IF EITHER NOTIFY ME 21d INJURY OCCU		PLACE OF INJURY	011/01 110/1 170	211. LOCATION	CITY OR	TOWN CC	DUNTY	STATE	
	AT WORK NOT	WHILE	TIOME, STREET, FACTORY,	OFFICE, PARM, ETC)	3				3.4.6	
1	220.1 certify that	(this hospital) atte	nded the deceased		er 26 19 8			, man		
1	saw the deced abave, (we)	used alive on NOV (did) (did not) view th	he body after death	_19 <u>81</u> , an	d that in (🏋) (aur) opinio	on death accurred on the	date and hour and f	rom the causes st	tated	
	226. SIGNATURE	M OIL	M		DEGREE			C. DATE SIGNED		
		Migures	4			DIRECTOR PHYS	AFF ICIAN	11-5-8	/	
	22d. PHYSICIAN'S	C. A. D. W. C. S. C. W. C. S.			22e. ADDRESS					
1		Myo Thant	. /		9101 Frank	lin Square	Drive 212	37		
1	30. BURIAL, CREMATION	, REMOVAL 236 D			EMETERY OR CREMATOR	23d. LOCATION	COUN	1 - 2 - 3 - 4 - 4	STATE	
	Burial	. 11	1/9/81	Parkwo		Balto.		N	/Id.	
2	Senimui	nek Funer	ral Home	, ss Inc.	25a. D	ATEREC'D. BY REGISTRA	R 25b. REOTS RAR'S	SICNATURE		
		cehms Lar			21213	MUN TO 13	91 Maria	Offenlla	3 Clan	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the hospital or attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	į	2	8	Of softwo	1	6
	-	Et ma	64			-

1.	FOR STATE	DE	PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		28190
	REGISTRAR			REG. NO.	
	CEASED NAME FIRST	4 MIDDLE	LAST	2a. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
(117)		4110	Jackherta	Nove 6,	1981 639 AM
3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHD	
1	lale	Caucasian	MONTH DAY YEA	95 86	YRS. DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? B.	9 BALTIMORE CITY OR	COUNTY OF DEATH
4	Utall	11.5.A.	MARRIED NEVER MARRIE	- 1 1 1 -	COUNTY MD.
10. €	TY OR TOWN OF DEATH		URSING HOME OF OTHER INSTITUTIO		
	Balto.	3/6 /DULA		ELECKSHI	41 12 14 Stant
UŠU		OR OTHER INSTITUTION, GIVE RESIDENCE			
13a. S	STATE 13b. CO	DUNTY 13c. CITY OF	TOWN 13d INSIDE CITY LIM	1 1	NSEND Rd.
14. F/	ATHER'S NAME		15. MOTHER'S MAIDE		
	A FIRST	MIDDLE	// //	to 112 MIDDLE	LAST
160	WAS DECEASED EVER IN U.S.		SECURITY NO. 17, INFORMANT	ADDRESS	2122/
		GIVE WAR OR DATES)		1	and the same of th
	NO		ERCOle	LaccheTTQ .	316 lownsendt
	PART I. DEATH WAS CAU		b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	57.33	1	SEQUENCE OF 1		
	Conditions, if any, which	DUE TO, OR AS A CON	- 10 CVOLTE CIVI	-hecie	
	gove rise to immediate	(0)		7 4 1 2 4 4 4	
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF	Di do	
	underlying coose loss.	(c) Protesta	AL MERCH DURGO	13 hepartins	
_	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
CERTIFICATION		SASSBULD)	near tail	ine_	
CAT	190. DATE OF OPERATION	19b. GONDITION FOR V	HICH OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Ĭ				YES T NOT	YES \ NO \
ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY O	CCURRED JENTER NATURE OF INJURY	
-	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19		
	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
-	AT WORK NOT WHILE AT WORK				
	22a.1 certify that (1) (this ho	spital) ottended the deceased t	from, 19	7 9 , to	New, 19 8 , that (I). (we) lost
1	sow the deceased alive		19 , ond that in (my) (or) or	pinion death occurred on the date	ond hour and from the causes stated
577	22b. SIGNATURE	not) view the body ofter death.	DEGREE		22c. DATE SIGNED
	C 11	7.0	MI & ATTEND		11/2/20
	and DHYCICIANIC NIAME	Tunks in a	PHYSICI	AN DIRECTOR PHYSICIA	ND
	22d. PHYSICIAN'S NAME (TYP	EORPRINT)	220, ADDRESS	CENILWORTH	DO TOUSON
	CHICK D'L	Creo Pario	10001	ENILOUITH	21204

BP. DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

matified at offer

4 moy be

(VR A 15 (4)) 9/74

24 FUNERAL DIRECTOR ANNINO

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

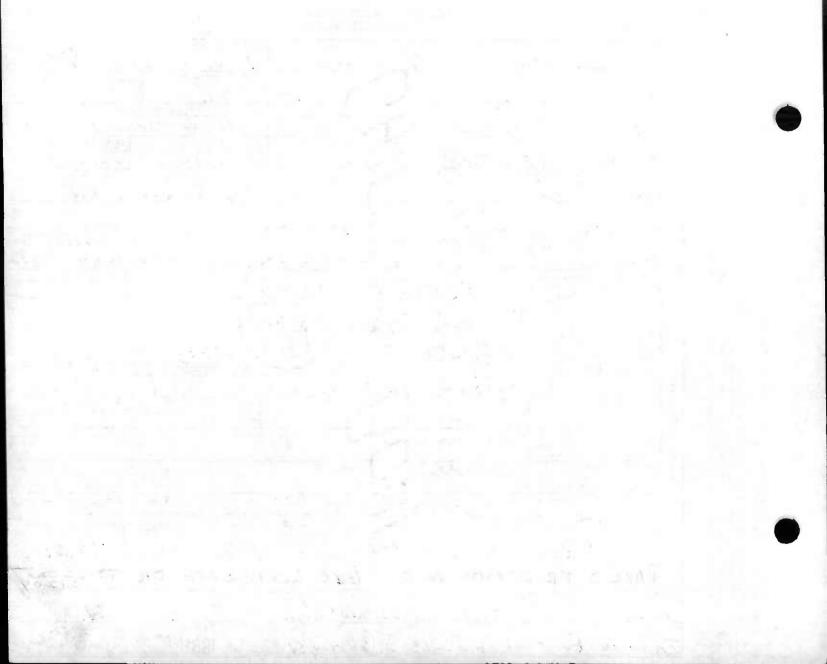
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR JOWN 25a. DATE REC'D. BY REGISTRAR

COUNTY

STATE

1256. REGISTRAR'S SIGNATURE Wathen



8	1 -	FOR STATE REGISTRAR			STATE OF MARYLAI NT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYGI	REG. N	2.	8	47
		EASED NAME FIRST DR PRINT)	MIDDLE		ZORI (Y	ori)		13, 1	981	26 HOUR P
M	SEX	Male	4 RACE White		DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
97	I.	THPLACE (STATE OR FOREIGN DUNTRY) taly	U.S.A.			ORCED	BALTIMO BALTIMO	_		WE
8		Y OR TOWN OF DEATH TOWSON	AF NOT IN SUCH FACILI	TY, GIVE STREET ADE	HOME OR OTHER INSTITUTE HOSPITAL		12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF Bricklayes	on beworking life) c Ret.	INDUSTRY	Steel
35	lo Si	aryland	R INSTITUTION GIVE RE	SIDENCE BEFORE AD ITY OR TOWN altimor	-	10 🗆	13e STREET ADDRESS 4701 Renv	Baltin wick Av		Md. 21206
00	FA	HER'S NAME FIRST John	WIDDIE	Iori		MAIDEN NAM atrice	WIDDIE		nnoni	
2			CIVE WAR OR DATES	3-10-30		Wife R. Fa		SS Balt Renwic	k Ave	21206
njury, or other traumotic	NO	Canditions, if Any, which gave rise to immediate cause i.a., stating the underlying cause last	DUE TO, OR AS A (b) DUE TO, OR AS A (c) T CONDITIONS CONTRIB	CONSEQUEN	CE OF	O THE TERMIN	val disease or cont	DITION GIVEN	IN PART TO	3
huo smo	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION	FOR WHICH OF	PERATION WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDIN	OF DEATH?
/	₹ .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY	P.M. 21e. PLACE OF INJ	URY DAY	19 211. LOCATION		D (ENTER NATURE OF INJUR		(OR PART 2)	STATE
IDTREG OF	`	WHILE NOT WHILE AT WORK 220.1 certify that X (this has	(AT HOME STREET, FAC		STREET	81	to NOV T	2	81	. Y

TO HOSPITAL

ATTENDING PHYSICIAN: The la

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Leonard J. Ruck, Inc. Baltimore, Maryland

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Nov 17 1981

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith

23d LOCATION
Baltimore

COUMaryland STATE NOV 1 6 1981 Reme GISTRAR 256 PER SISTRAR GIGNAL PARTIES OF THE PROPERTY OF TH

and the ret organizate from the strings. CTAL BELLEVA SELECT FOR X SELECTE Address of the control of the contro 2 contract for 71 and derdone of fairly calcinone Many 17 and therefore the base and the street to

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer a etained by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAL etoined by the hospital or offending ph

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		DEI AK	CERTIFIC	ATE OF DEATH	E III OILINE	REG. NO.		
	CEASED NAME E OR PRINT)	FIRST	E. IM	HOFF	Team 1		1-12-19		26. HOUR 4 10 AM
3 SE	×	4 RACE	~	5. DATE OF	BIRTH 29-1925	7		MONTHS DAY	AR IF UNDER 24 HRS YS HOURS MIN
	IRTHPLACE (STATE OR FO	V	OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED DIVORCED	3	MORE CITY OR COL		
	BALTO.	(IF NOT		DEE A	OTHER INSTITUTION	(TYPE OF	ALOCCUPATION WORK FOR MOST OF WORK!	NG LIFE) INDUSTR	OF BUSINESS OR
130.	Mo.	13b COUNTY	13c CITY OR TO	WN 113	Id. INSIDECITY LIMI YES NO	TS? 13e. STRE	HADDRESS DAY		VE
	PETER		HOPF		MOTHER'S MAIDE	-	MIDDLE	MAHY	LAST
160 \	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DAT W.W. I	ES)	- 5063	Mrs. Lon	ise A.	Imboff-	0100	eydea Poe
	Conditions, if any, gove rise to imm couse (o), stating underlying couse	DUE T	O, OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE		of the i	ancre	as	2	OXIMATE INTERVAL EN ONSET AND DEATH MIGNATURE MIGNATU
ATION	PART 2. OTHER SIGN		NS CONTRIBUTING TO					GIVEN IN PART	25.1
CERTIFICATION	71a. ACCIDENT WAS UND		ME OF INJURY			YES [NO NO IN CE	RTIFYING CAUSI	ES OF DEATH?
MEDICAL CI	OR CONTRIBUTING C	AUSE OF DEATH HOU	R A.M. MONTH D	AY YEAR		CORRED (ENTE	R NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE [AT HO	ACE OF INJURY ME, STREET, FACTORY, OFFICE,		If, LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	sow the deceose obove (11)(we) (d		d the deceosed from 19 19 19	•			erred on the date and		
	22b. SIGNATURE	niz		M		NG MEDIC	OR PHYSICIAN	11	1-13-8/
	22d PHYSICIAN'S NA	ME (TYPE OR PRINT)	40.5		e. ADDRESS	(ROOF	21224

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

230 NAME OF CEMETERY OR CREMATORY
OAK LAWN CEM.

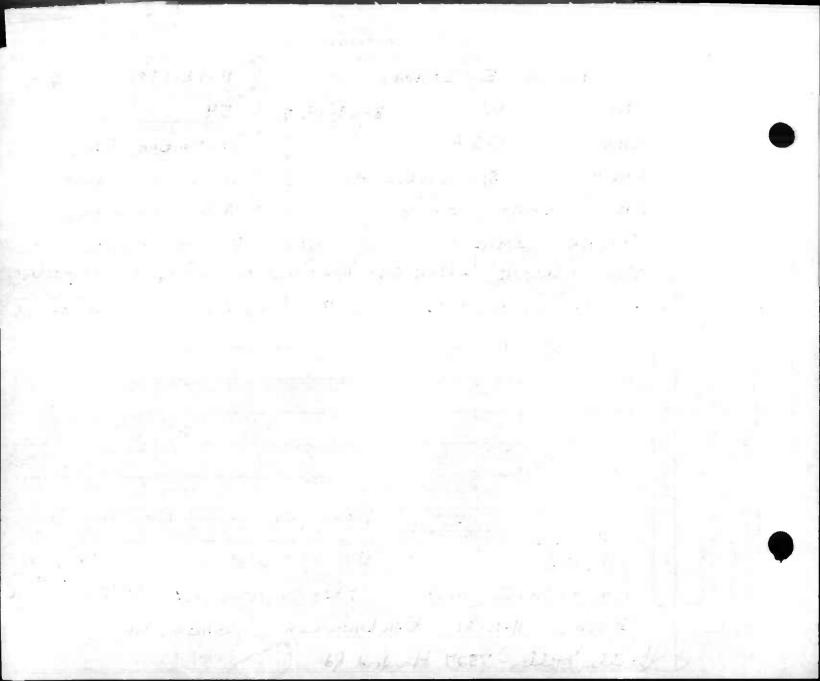
23d. LOCATION BALTO.,

LOUNTY STATE

BURIAL EUNERAL DIRECTOR

NOV 16 1981 James Jan las / lather

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etoined by the hospital ar attending physicion.	(
TO FUNERAL DIRECTOR After this certificate has been signed by the attending physicion and completely filled in by the tuneral completely	3
should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours are started to the second of the s	
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1981 Home Jan Marth

REGISTRAR			CEIVITI	CALL OF PEACE	REC	NO.		
1. DECEASED NAME FIR	ST	WIDOLE	LAS	ST	2a. DATE OF DEAT	H MONTH O	AY YEAR	25 HOUR
Jam	es C	arroll	Ja	ckson	Noveml		, 1981	м
3. SEX	4 RACE		5. DATE OF	BIRTH	6. AGE (IN YEARS LAS		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male	Whit	е	July	21, 1908	73	YRS.	DATE OF THE PROPERTY OF THE PR	Maria.
70. BIRTHPLACE (STATE OF FOREIG	75 CITIZEN OF	WHAT COUNTRY?	8 AAA PRIED	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
Maryland	USA		WIDOWED		Baltim	ore Co	intv.	MD.
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	12a USUAL OCCUP			Balles. C
Towson	110 E	. Burke	Avenu	ıe	Custodia	l Maint.	Bd.	of Ed.
USUAL RESIDENCE (IF NURSING H	OR OTHER INSTITUTION	13c CITY OR TOW		13d INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
	altimore	Towsor		YES NO K	110 E. H	Burke A	venue	
14 FATHER'S NAME	MIDDLE	LAST	1	5 MOTHER'S MAIDEN NA	ME	F	LAS	
Howard	Cleveland	Jackso	n	Malbrey		Ca	rroll	21204
160 WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT 110	E. Burke			21204
No		213-14-2	2706	Mrs. Cather	ine M. Ja	ackson	Towso	n, Md
underlying cause la	ch (b) DUE TO, OI (c) ANT CONDITIONS CC	R AS A CONSEQUE R AS A CONSEQUE ONTRIGHTING TO D CHOS	INCE OF	OT ELATED TO THE TERM	NAL DISEASE OF C	20b. IF YES,	N IN PART 110	IGS USED
21g. ACCIDENT WAS UNDERLYI	NG 7 216 TIME O	F IA LILLIDY		21. HOW BUILDY OF SUP	YES NO	YES YES		№ □
OR CONTRIBUTING CAUSE	LICUID A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	KED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT OR PART 2)	
(IF EITHER NOTIFY MEDICALEX	AMINER) P.I		19	21f LOCATION				
WHILE NOT WHILE [EET, FACTORY, OFFICE, F		STREET	CITY O	RTOWN	COUNTY	STATE
22a.1 certify that (I) (this	hospital) attended the	defensed from	194	2 10	10 1/0	V.28	.31	hea (I) (we) less
saw the deceased al	11/3/	0/ 198	, ond	that in (my) (aur) opinion	death accurred on th	e date and hour	and from the	causes stated
22b. SIGNATURE	-1)eds	24	DE	EGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [11/3	30/8 /
22d. PHYSICIAN'S NAME				22e ADDRESS			1	1
George Be	don, M.D.			660 Kenilwo	orth Drive	e, Tows	on, M	d. 2120
230 BURIAL, CREMATION, REM			AME OF CE	METERY OR CREMATORY	23d LOCATION			TE LES
Burial	12/1/8	31 Ma	ays Ch	napel Cem.	Timoni	um, Ba	Ito. Co	., Md.

Lawson, 10 Padonia Rd. Timonium

DHMH - 16 50M 1/B! (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 sho

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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ing the state of the contract of the state o

ending physicion and completely filled in by the funeral corbanpapers. Pages 1 and 2 should be filed within 72 f

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injury, or other troumotic

and Mental Hygiene prior to bur

MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR

STAT	E OF M	ARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2 8

1 -	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO).	
	CEASED NAME FIRST	-ARd J	TA	WOR	November	MONTH DAY YEAR 27 1981	2b. HOUR
3. SE:	Male	4 RACE White	S. DATE OF	FBIRTH DAY PEAR YEAR	6. AGE (IN YEARS LAST BIRTI	YRS.	
	RTHPLACE (STATE OR FOREIGN COUNTRY)	2.5.A	MARRIED WIDOWED	_	BALTIMORE CITY OF	COUNTY OF DEATH	MD.
0. C	tons ville		SIDE H	ROTHER INSTITUTION	12ª USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	OF BUSINESS OR
19	AL RESIDENCE LIF NURSING HOME OF STATE 13b. COULD BA	IR OTHER INSTITUTION, GIVE RESIDENCE INTY ISC. CITY O CATEUR	sville	13d. INSIDE CITY LIMITS? YES NO		Gleside	Avenu
	To Stph	MIDOLE JAW	-BR	15. MOTHER'S MAIDEN NAM	MIDDLE	PAN.	515h
	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIA WE WAR OP DATES) 2/4-/	6-3419	Jens Jawar	430 Ingle	side Ave	чич
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CON	ISEQUENCE OF	la line	-100	BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
A CERTIFICATION	OR CONTRIBUTING CAUSE OF DE	21b. TIME OF NURY HOUR A.M. MONT	WHICH OPERATION H DAY YEAR		200 AUTOPSY? YES NO Z	206. IF YES, WERE FINE IN CERTIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
MEDICAL	(IF EITHER NOT IFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	n county	STATE
	22a.l certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	/ /	19 S. L. one	that if (my) (our) opinion o	to		e couses stoted
	22b. SIGNATURE.	helman	JU /	ATTENDING PHYSICIAN Z	MEDICAL STAFF		E SIGNED

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for with the State Dept. of

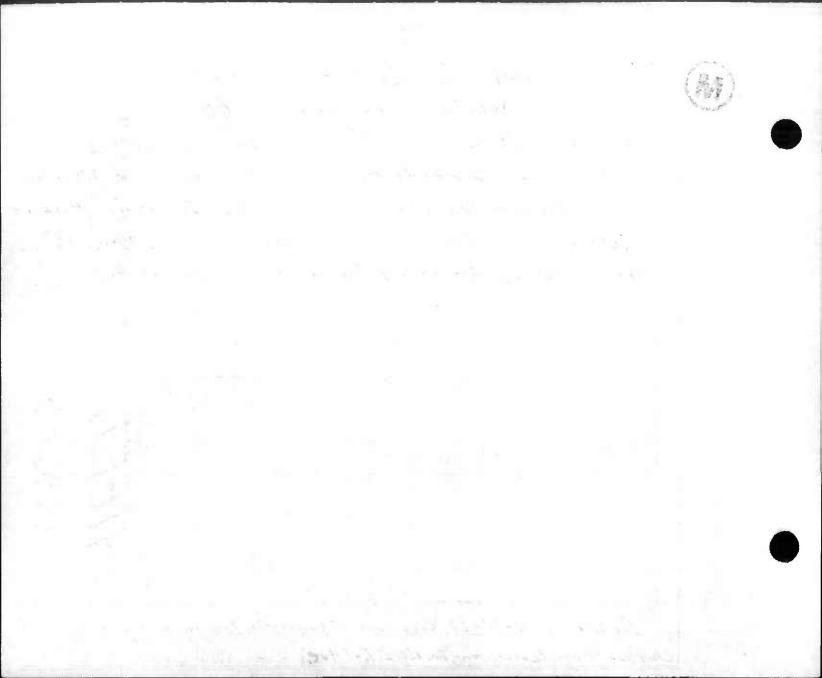
CROWNSVILLY VETER OF CENTRY Charles L. Stevens Funeral Home Inc. 1501 E. FORT AVE

23b. DATE

23c, BURIAL, CREMATION, REMOVAL

1981

Caton Ave. Saltice



170		REGISTRAR		CERT	ITICATE OF DEATH	REG. NO.		
10.73		CEASED NAME FIRST	GEORGE J		LAST	20 DATE OF DEATH MON	1/23/81	2b HOUF
(48)	3. SE		4 RACE		OF BIRTH	& AGE (IN YEARS LAST BIRTHDA		7:1
		Male	White	Dec	NTH DAY YEAR	71	MONTHS DAYS	HOURS
10		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	IAT COUNTRY? 8	IED XX NEVER MARRIED	9 BALTIMORE CITY OR CO		
oto	E	ennsylvania	U.S.	A. WIDOV	VED DIVORCED	TOWSON	BC	
154		ALT IMORE		N CHARLES	ST GBMC	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WO Retired Mecha	RKING LIFE) WESTE'I ani ea Weste'i Eng	nghou ineer
ould be	13a. S	AL RESIDENCE (IF NURSING HOLE OF TATE	NTY 13	c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
Short and a short		iryland Bal	timore	Lutherville	15. MOTHER'S MAIDEN NA	1303 Charm	uth Road	
展32		FIRST	MIDDLE	LAST	FIRST	WIDDLE	C =1=== 2 3 4	ľ
0 1	16a V	Francis VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	phnson B. SOCIAL SECURITY NO.	Ida 17 INFORMANT	ADDRESS	Schmidt	
medica	(res no or unknown) (IF yes, G		63-05-4239		e G. Johnson	1303 Charm	uth R
the of		18 CAUSE OF DEATH (Enter o	nly one couse per line	e for (a), (b), and (c).)			APPROXI	MATE INTERV
mov		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	CARDIAC AF	RREST OF UNK	NOWN ETIOLO	GY	7.102.17.10.0
or re		4275		C A CONSTOURNESS OF				
, E0		Conditions, if ony, which	DUE TO, OR A	s a consequence of				
r tra		gave rise to immediate cause (a), stating the	10)					
othe		underlying couse lost.	DUE TO, OR A	S A CONSEQUENCE OF				
, a		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 16	
un in	N N	MALIGNANCY	METASTA			FIBRILIATIO		
Ou O	CERTIFICATION	190. DATE OF OPERATION		N FOR WHICH OPERATE		20a AUTOPSY? 20b	IF YES, WERE FINDIN	
SWE	ΙĔ					YES TO NOT	CERTIFYING CAUSES YES	OF DEATH
0	E E	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I		
81 m	¥	OR CONTRIBUTING CAUSE OF DE	C111	MONTH DAY YEAR	*			
or te	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY	211 LOCATION			
ked	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STA
mar			ital) attended the de	ecepsed from	1/23 8	$1 \frac{1}{10} \frac{11/23}{11}$	10 81	hat (I) fue
of He 21 is		22a.1 certify that (1) (this hosp		17	and that in (my) (our) opinion	death occurred on the date o	nd hour and from the	couses stat
E a		obove, (I) (we) (did) (did no 27b. SIGNATURE	of view the body offe	er geotn.	DEGREE		22c. DATE	SIGNED
=		On in	1/-	-	MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		23-8
MPORTANT	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	J DIRECTOR LI PHISICIAN	4	(3 -9
OR		DR L VIDA	/FR		GBMC			
¥-		DIV L VIDAV	L IV		dDi io			

FOR

- STATE

REGISTRAR

ATTENDING MEDICAL STAFF ano hy DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS DR L VIDAVER **GBMC** 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION CITY OR TOWN Maryland Vockeysville Entombment 11-28-1981 Dulaney Valley Ruck Towson Funeral Home, Inc. Towson, Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

12b. KIND OF BUSINESS OR Westinghouse

STATE

Charmuth Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

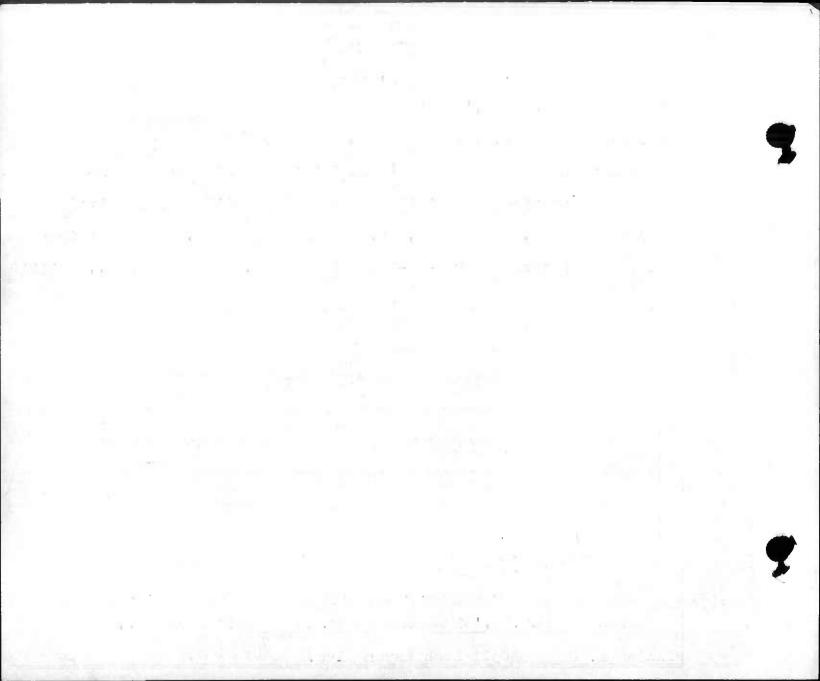
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	FOR STATE REGISTRAR		DEPARTI		HEALTH AND MENTAL HYG	IENE S REG. NO.	2 8	A 4	3 3
	ECEASED NAME FIRST		MIDDLE		LAST		ONTH DAY YE	AR 2b F	HOUR
(TYP	John.	- 7	Paul	e .	Jones, Sr.	1	1 248	1 0.	Olra
1 SE		4 RACE	0.010	<u> </u>	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)			NDER 24 HRS
	Male	Cauca	asian		ruary 11, 1930	51		DATS HOU	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	DIVORCED	Baltimore city or c		Н	MD
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KI	VD OF BUS	SINESS OR
	andallstown	Baltin	ore Count	y Gen	neral Hospital	(TYPE OF WORK FOR MOST OF WO	Local #1		
Mo	- V	or other institution INTY IMOVE	130 CITY OR TOW Pikesvil	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 704 Templec	liff Roa	d 21	208
14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	100	LAST	
L	Hobson		Jones		Mary	Eakl	e		
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Mrs.	Catherine	ones	1	
		rean	217-26-8	3794	704 Templect	iff Road Pi	kesville	. MD.	2120
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	NCE OF L	3 2° to Ci-				ISED
TIFIC							YES _	JSES OF D	EATH?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	[2)	C
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY REET FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNT	Y	STATE
	22a I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n				nd that in (my) (aur) apinion d	leath occurred on the date of	ond hour and from		I) (we) lost s stoted
	1 ,	· Sh	ar		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 110	ATE SIGN	ED 8]
		m. St	Ah.		Bal. Old C	nes & 116	en hosp	20	1
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY		STATE
	Burial	11/27			ew Mem. Park	Sykesville		Mar	yland
100			Funeral D		OIS, INC	REC'D. BY REGISTRAR 25M	Pane Sig	NAJ ORE	74.
01	28 Liberty Road	i Kanda	ustown,	maryl	aria 21155	7 7 1001	0		

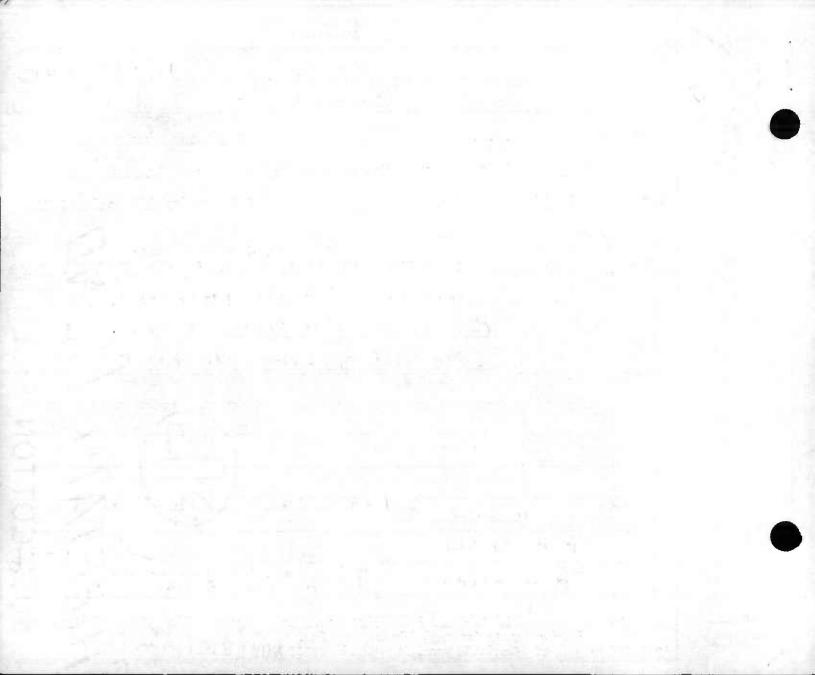
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is

shauld be detached far use as the burial-transit permit. Then please remave c with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, marked ar Item 18 shaws any



STATE OF MARYLAND

DEPARTMENT OF H

250. DATE REC'D. BY REGISTRAR 250. BECISTRAR'S SIGNATURE DEC 1 1981

EALTH AND MENTAL HYGIENE	9		En	8	
CATE OF DEATH		BEC NO			

1.	FOR STATE REGISTRAR	DE	PARTMENT OF I	HEALTH AND A		IENE Ö İ	10.	0 1	2 4
	CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(TAb)	E OR PRINT)	H Edward	JON	IFS		j,	26	22	14.204
3 SE	X	4 RACE	5 DATE (OF BIRTH		6 AGE (IN YEARS LAST BE	RTHDAY) IF U	NDER I YEAR	IF LINDER 24 HRS
1	PALE	White	/2		09	71	YRS.		HOURS MIN.
10. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	D NEVERM	ARRIED -	9 BALTIMORE CITY	<u>)R</u> COUNTY OF	DEATH	
Ma	ryland	U.S.A.	WIDOWI	ED ON	ORCED [Baltimore	2 Countr	_	MD.
40. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INST	TUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
	Randallstown	- 1	ountu Ger	reral ho	spital		oued-Jon		larru
#15U	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		CE BEFORE ADMISSION	113d. INSIDE CI	TV LIMITCO	13e STREET ADDRESS	-		1119
	ryland Balt		allstown	YES T	NO X		nan Road	7	
	ATHER'S NAME			15 MOTHER'S	25	AE CHADI	dan Roda		
	Joseph C.		AST	1	IRST	MIDDLE		LAST	7 7
160 \	WAS DECEASED EVER IN U.S. AR	Jones	L SECURITY NO.	17 INFORMAN	ernie	E_{\bullet}	FSS		mdenburg
	YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)			MI. E		ones	21.	163
	No	217-3	32 - 7839	3422 H	ernwood	<u>d Road Woo</u>	odstock,	Mary	land
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION	(b) ALU DUE TO, OR AS A CON	ISEOUENCE OF		TO THE TERMI	NAL DISEASE OR CON 20a. AUTOPSY? YES NO	20b. IF YES, W. IN CERTIFY IN	ERE FINDIN	IGS USED
ERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJ	URY OCCURRI	ED (ENTER NATURE OF INJU		OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA								
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	21f LOCATIO	٧				
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did na 22b. SIGNATURE		_19 or	nd that in (my) (, 19 our) opinion d	eath occurred on the d	ote and hour and		
	Hopez-f	' Sedni	1)	AT PI	TENDING HYSICIAN	MEDICAL STA		11/-	26
	HAFEE 2	A SYEL)	BALT	MORE	COUNT	Y GE.	ny to	920
	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION			
	Burial	11/30/81	Lake Vi	ew Mem.	Park	Sykesvill	e Carr	oll Me	ary land

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

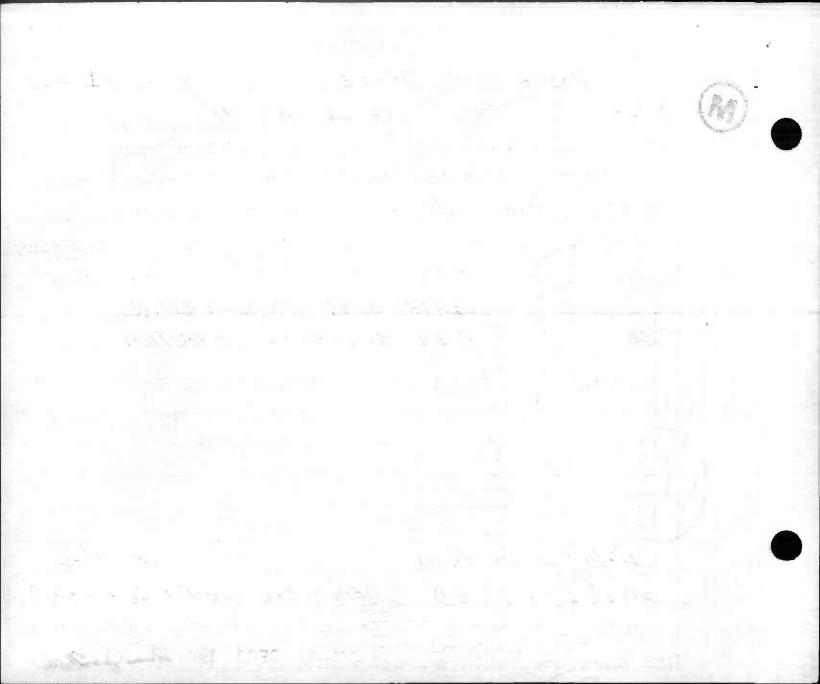
etoined by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carbonopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

injury, or other traumofic event, the medical

MPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR Loring Byers Funerals Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133



TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely illied in by should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 shallid hit filtre with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

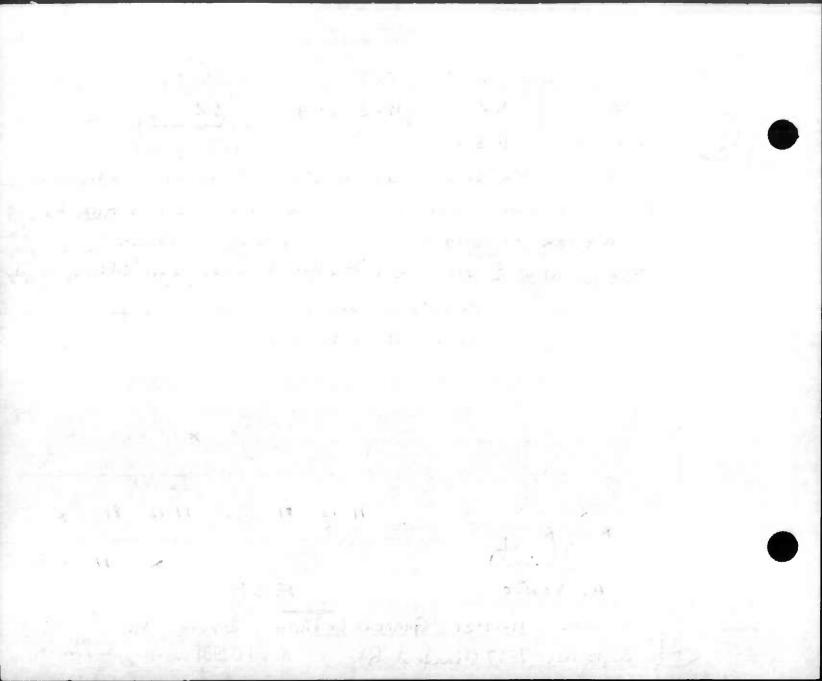
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	- STATE REGISTRAR				CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	F	REG. NO.		
	CEASED NAME E OR PRINT)	WALT	ER	CARROLL	JON	ES	Novembe	er 16, 1	DAY YEAR	26 HOUR 9:45
3. SE	× M		4 RACE	~	5. DATE C	E BIRTH 2 - 1919 4 AR	6. AGE (INYEARS		MONTHS DAYS	IF UNDER 24
1	IRTHPLACE (STATE OR COUNTRY) MARYLAN	D	76 CITIZEN	S- A-	MARRIEI WIDOWE	NEVER MARRIED DIVORCED		or Coun		
4 -	BALTO.		FRE	SUCH FACILITY, GIVE STREET	SQUA	ROTHER INSTITUTION		UPATION MOST OF WORKING	LIFE) INDUSTRY	ROA
130 5	AL RESIDENCE (IF NURS	13b COUN		13c. CITY OR TOV		13d INSIDE CITY LIMITS? YES NO	13e STREET ADD	GOLDE		G RD
	ATHER'S NAME FIRST	TER	P.	JONES		15 MOTHER'S MAIDEN N. FIRST GE	ORGIA	DOLE TYL	ER LAS	T
	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIV	MED FORCES			Mrs. Helen		ADDRESS	Golden.	Ring
CERTIFICATION	gave rise to immodule to the cause of a stating underlying cause PART 2 OTHER SIGN 190. DATE OF OPERA	last	CONDITIONS	OR AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR	? 20b. IF YI	ES, WERE FINDIN	IGS USED
ERTIFIC	71g. ACCIDENT WAS UNE	DEBLUING F	216 71441	E OF INJURY		21. HOW IN HURY OCCUP		IN CERT	TIFYING CAUSES	OF DEATH?
MEDICAL CI	OR CONTRIBUTING (FEITHER NOTIFY MEDIC	CAUSE OF DEA	HOUR	A.M., MONTH D. P.M. CE OF INJURY STREET, FACTORY, OFFICE 1	19	21¢ HOW INJURY OCCUP 21¢ LOCATION STREET		OF INJURY IN ITEM 18	(COUNTY	STATI
MED	AT WORK AT WOR	RA.		the deceased from_		11-13 19 81	, ta	11-16		
MED	sow the decease abave, (Nwe) (c 22b. SIGNATURE		view the bo	death 19_		that in (m) (aur) apinian	death occurred on	the date and ha	22c. DATE	
MED	sow the decease abave, (Nwe) (c	ad alive on did (did of o	R PRINT)	after death		ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL DIRECTOR P	STAFF		causes SIGNE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

etained by the haspital or attending physician.



	m.s	(TYPE	OR PRINT)	000		1	~			1	1
	eg e		WIL	NER	3,	di	ONES		- [1	1.8	11 -
	your od	3 SE		4 RACE		5. DATE OF	BIRTH	& AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1	YEAR IF UN
150	4 (1		MACE.	WHI	ITE	монтн	19 96	,	85.	MONTHS D	DAYS HOU
	a E			Th CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED [9 BALTIMO	RECITY OR CO	UNITY OF DEAT	Н
•	En es c	C	HESTER PENN	1. u	S.	WIDOWED		CATO	2501	E.C	OUN
	A Se se s	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION		OCCUPATION		ND OF BUS
201	by the filed of	-	YTONSUILLE.	ST	RING CLI	POVE	HOSPITAL	- RET	TRED	INDUS	IKT
2	Po de la		AL RESIDENCE (IF NURSING HOME OR		N. GIVE RESIDENCE BEFORE		34 INSIDE CITY LIMITS?	13e. STREET	ADDRESS		
2	2 1 2	L	n.D. 12.6	7 .	FOREST		YES NO TO	7420	, MA	RLBOR	20 111
XX.	thin 2 sh	14. E/	THER'S NAME		J.	ONES	S. MOTHER'S MAIDEN				
× ×	mple ond	1	ALLI EDPA	NODLE	ALL C	-03	Clenton	ia	MIDDLE	EIL	LTO
w`	- 0/	160.3	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.			ADDRESS	14	
8	Poges			WAR OR DATES		Q 13	I I Labor I am a bloom a	K. Jons	es 299	ol Brin	nkley
Ž	Pe c		Yes 197	- 1919	. 2/9-3	28012	FTITIENTS	SH HIC	/ . Ten	nla H	illa
BALTIMOR	sick ol.		18. CAUSE OF DEATH (Enter onl	y one couse pe	er line lor (a), (b), and	dicil				BETY	PROXIMATE R
	phy npo mov		PART I. DEATH WAS CAUSED	DBY. ECAUSE(o)	Preur	naki	a			5	71
5	rent rent rent rent rent rent rent rent		LLG 1 D							-	
PRESTON	attending over corb tion, or r	7	7860	DUE TO, C	OR AS A CONSEQUE	NCE OF	W Eila	80 2.		1	
ES	de otto		Conditions, if any, which gave rise to immediate	(b)_	RESPA	Ani	Lower	100 300		_	
	the rem		couse (a), stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF	•	,			
201 W	thot bose ol, c		underlying cause last.	((c)_							
	igned en ple burn	_	PART 2 OTHER SIGNIFICANT C	onditions <u>c</u>	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION	GIVEN IN PAR	₹T 1(o+
DIVISION OF VITAL RECORDS,	en s	CERTIFICATION									
ũ	o pund	ĕ O	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTO		IF YES, WERE FIL ERTIFYING CAL	
=======================================	ho ho ho ws	E						YES 🗌	NO 🗌	YES 🗌	NO
Ę	Sorie Core	1 👸	21a. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCU	JRRED (ENTERNAT	URE OF INJURY IN ITE	M 18, PART 1 OR PAR	T 2)
4	ph ph	4	OR CONTRIBUTING CAUSE OF DEA		I.M. MONTH DA						
ž	Ing Ing Wen Wen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		P.M. OF INJURY	19	211 LOCATION				
SS	the	M.	WHILE NOT WHILE		TREET, FACTORY, OFFICE, F.		STREET		CITY OR TOWN	COUNTY	
2	offer Shoot		AT WORK AT WORK								
_	Lo L		22a.l certify that (I) (this haspit	ol) ottended t	he deceased from_		. 19	, to		, 19	, that (
	TTER Prior TTER 1701 1701 1701 1701 1701 1701 1701 170		sow the deceased alive on above, (1) (we) (did) (did not	view the had	v ofter death	, ond	that in (my) (aur) opinio	on death occurred	d on the date on	d hour and Irom	the couses
	RE hos	l	22b. SIGNATURE		7 0770- 000711	DE	GREE			22c. D	ATE SIGN
	Al C the D Al Di Setocl		Blandtin P.	rabbak	in, Mp.	1	D - ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	9 1	1.1.
	SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	1	22d. PHYSICIAN'S NAME (TYPE OR				22e ADDRESS			Catons	vill
	HOS bined Or FUN ould the		B. Prabkeka	r. M.	D.		Spring G	rove Ho			
	Of Shape	230	BURIAL, CREMATION, REMOVAL			IAME OF CEA		· · · · · · · · · · · · · · · · · · ·		,	
21	121	B.	Pial	OV. 5	1 0 0 h 4 l	LDETA	n Church	CITY OR	RTOWN	COUNTY	
1.11	BP	200	rial ,	7	11 TOP ()I Ho	V Commun	1.1	agerto	Wn. Pe	nness

33 Old Alexander Ferry Road, Clinton, ND

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH-16 20M

STATE OF MARYLAND

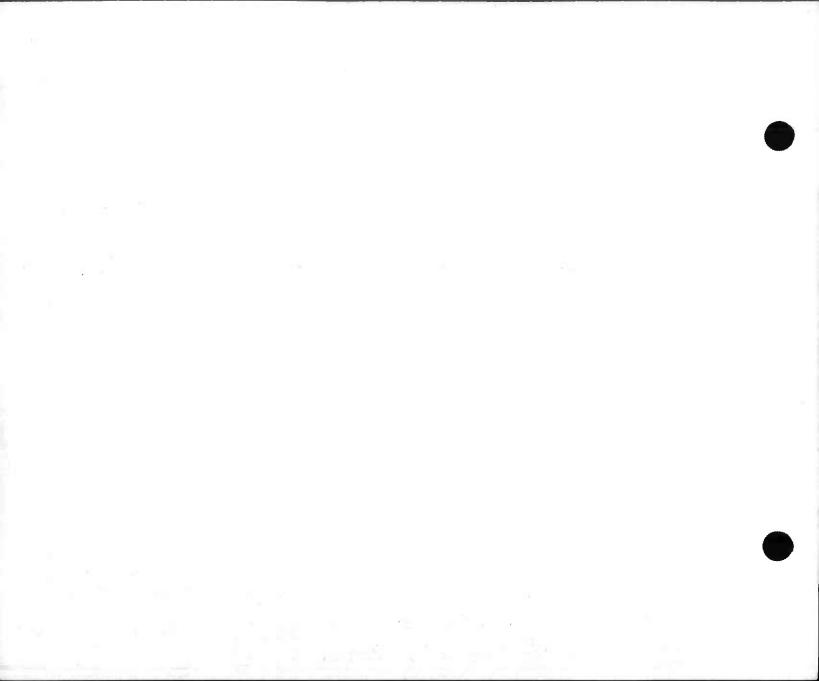
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH MONTH 2h. HOUR IF UNDER I YEAR MONTHS DAYS COUNTY OF DEATH INDUSTRY TARLBORD TIKE. ITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO \square IN ITEM 18, PART 1 OR PART 2) COUNTY STATE _____, 19______, that (I) (we) last te and hour and Irom the causes stated 22c. DATE SIGNED IAN 1 Catonsville,

756 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S

Pennsylvania



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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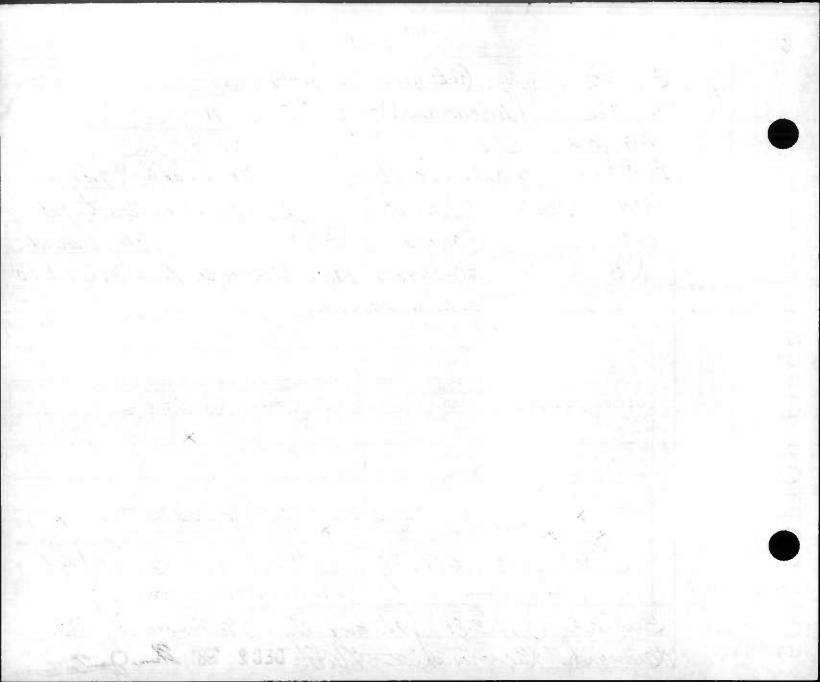
3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computative filling in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please removed combining pages 1 and 3 should be filled within 72 hours attended his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal.
IMPORTANT: If them 21 is marked or them 18 shows any injury, as other traumatic event, the medical examination betook and or write.
1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. should be with the

BP	
	16 50M 1/B1 RA 15. 4)

		REGISTRAR		CERTII	ICATE OF DEATH		REG. N	O.		
	1. DEC	CEASED NAME (2) FIRST	D MIDDLE (2)	1 ()	5 /03	20 DATE O	FDEATH	MONTH D	AY YEAR	2b HOUR
V		GERTR	RUDE (Karzo	r KACZO	ROWSKI (Case	1101011		,	-	7:05a м
	¥	emale 1	Caucasia	NO NONTH	U 22 1910	6 AGE (IN	7/		FUNDER I YEAR	
	7a. Bir	The indicator of	CITIZEN OF WHAT COUNT	RY? 8. MARRIE	NEVER MARRIED		-	R COUNTY		
2	/	varyana	UDU.	WIDOWE		Balti		County		MD.
1	B	attribre 3		9. Has	OR OTHER INSTITUTION		DECUPAT HEMMOSTO LE POLO	M. AND METHOD THE	IDE KIND O	ne BUSINESS OR
	lis.	nd Fall	b. Chas	e M.	134 INSIDECITY LIMITS YES NO X	1723	ADDRESS!	ace 2	warter	Rd.
C	3	Peter "0	Hour	26	Stella	NAME	MDDIS	Sol	lember	inski
	160, 16	VAS DICEASED EVER IN U.S. ARME		4606	adam to	resnou	dei?	12374	hace 2	warteRd
		IN CAUSE OF DEATH (Enter only of PART L DEATH WAS CAUSED B	Cardion		Arrest	0			MINSEN	ONGET AND DEATH
		Conditions, if ally, which gave rise to immediate cause ial, studing the underlying course lost.	DUE TO, OR AS A CONSE	QUENCE OF	, mrese					The state of the s
	N O	PART 2 OTHER SIGNIFICANT COM Sideroblastic A								01
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH			200 AUTO		20b. IF YES,	WERE FINDING CAUSES	NGS USED S OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTERNA	TURE OF INJU	RY IN ITEM 18. PAR	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC	21f. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (this haspital) sow the deceased alive of above, (vive) (did 100 pot) vi	ottended the deceased from the body ofter death.		er 24, 19_8 d that in (1946) (our) opini		d on the de			that (we) lost couses stated
	ă	22b. SIGNATO	nan	de	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI		22c DATE	30/3
			ernandez	/	9000 Fran			Drive	21237	L
	274 5	Surial Surial	12.3.81	Jak-	Ewa Cen) Pa	Thm	onel	BINTY D.	Id. STATE
	X	rumional &	icsorousk	2525	Le AA	DEC 2	981	25 PEGISTR	AR'S SIGNAT	URE 2



TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aftereained by the hospital or attending physician.

1	Ŀ	FOR - STATE REGISTRAR			CERTII	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		8 1	5 8
-		OR PRINT)	FIRST	WIDDLE		LAST	2ª DATE OF DEATH	MONTH DAY	01	25. HOUR
新用人		IDA		JOSEPHINE		FMAN	/	1- 20		42AM
	3. SE	X	4 RA		5. DATE		& AGE IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
-		Female		White	Mar	. 213 1887	94	YRS		
35	C	IRTHPLACE ISTATE OR FORE OUNTRY) aryland	IGN 75 C	U.S.A.	MARRIE WIDOW	D NEVER MARRIED DIORCED DI	Baltimore city o	T 10 - 2		MD.
10		ITY OR TOWN OF DEATH TOWS ON	Ma	NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET NOT Care NU	rsin	g Home Ruxt	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O DN HOUSEW.	WORKING LIFE)	INDUSTRY	Home
25	13a M	aryland	COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltim	N	134. INSIDE CITY LIMITS? YES X NO	5220 Yor	k Rd.		
20	14 F	Michael	J.			Martha	WIDDLE		King	
10	160 \	WAS DECEASED EVER IN	U.S. ARMED	FORCES? 166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE			234
-		No		217-09-	6324	D Robert S	proesser,	3115	Summi	t Ave.
njury, or other traumation		Conditions, if any, we gave rise to immer cause 101, stating underlying couse	thich diate the lost	OUE TO, OR AS A CONSEQUE	NCE OF	Facture NOT RELATED TO THE TERM	NAL DISEASE OR CONI	DITION GIVEN		an
Auc sand	CERTIFICATION	198 DATE OF OPERATIO	PN	% CONDITION FOR WHICH	OPERATIO	N W AS PERFORMED	200 AUTOPSY? YES □ NO 🏅	206 IF YES, V IN CERTIFY IN	NG CAUSES	GS USED OF DEATH?
or Item 18		218. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU IF EITHER, NOTIFY MEDICAL E	SE OF DEATH	Th. TIME OF INJURY HOUR A.M. MONTH D. P.M.	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2)	
marked	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		10 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY OR TOW	'n	COUNTY	STATE
te Dept. of Heal T: If Item 21 is		saw the deceased	alive on	trended the deceased from 19 with body after death.	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F		
IMPORTANT		22d PHYSICIAN'S NAM	E ITYPE OR PRINT	T- ISEE	2/5	22e ADDRESS Mon	chin,		2-10	11/
NI II	-	BURIAL CREMATION, RE SPECIFY) Burial	Ис	ov.23,1981 B	Balti		23d LOCATION CITY OR TOWN Baltimo		UNTY	Md.
H-16 25M 15, 4) 1/79				ourg Funggal		ne, Inc. 254 PATE 21214	V 23 1981 2	PANCES	RESIGNATION	RETTER

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P. Carlotte	DEPARTN	STATE OF M LENT OF HEALTH CERTIFICATI	AND MENTAL HY	GIENE 8	REG. N	2.	8	5	9
FIRST	MIDDLE	LAST		2a. DATE O	FDEATH	MONTH D	AY YEAR	2b HOL	JR-
HAS		KEIST	EC			113	081	5	TOW CF
4 RA	ACE	5. DATE OF BIRTH		6. AGE (IN)	YEARS LAST BIR		F UNDER I YEAR		
. (STIHU	09 0	78 Pc		94	YRS.	ONTHS DAYS	HOURS	MIN.
	ITIZEN OF WHAT COUNTRY?	8.	EVER MARRIED	9. BALTIMO	RE CITY'O	R COUNTY	OF DEATH	11.7	
id.	USA	WIDOWED D	DIVORCED	Ba	MIN	MPE	CC	SUN!	Rylo.
	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET A		ER INSTITUTION	12a USUAL (TYPE OF WOR		ON OF WORKING LIFE)	12b. KIND C INDUSTRY		SS OR
	INSTITUTION, GIVE RESIDENCE BEFORE				1			-	
BOUNTY	T. BOL	13d. IN	SIDE CITY LIMITS?	136 STREET	ADDRESS K	BER	DEEL	e	D
		15 MC	THER'S MAIDEN NA	AME					
MIDDLI	Angelmeir		late	Mary	MIDDLE		LAS	51	- 11
U.S. ARMED (IF YES, GIVE WAR			ORMANT	ZETOMESE.	2000	EDDIG	OD DE	. 010	lia
<u> </u>		PUL	M. LEE	VETOTEL	1 3000	FRAMO	-	_,	
(Enter only on AS CAUSED BY: IMMEDIATE CA	71 4 5		INE ST.		3.5	100	BETWEEN	ONSET AND	DEATH
which sediote	DUE TO OR AS A CONSEQUE	NCE OF	PATILL	Ev,	Dis		45	ARS	/
IFICANT CONE	DITIONS CONTRIBUTING TO D	EATH BUT NOT RE	ELATED TO THE TER/	AINAL DISEAS	E OR CON	DITION GIVE	V IN PART 1	0 1	
ION	196. CONDITION FOR WHICH (OPERATION WAS	PERFORMED	20a AUTO	PSY?		WERE FIND II		H?
AUSE OF DEATH	P.M. P.M.	Y YEAR	OW INJURY OCCUR	RED (ENTER NA	TURE OF INJUR	RY IN ITEM 18, PAR	T 1 OR PART 2)		
D 2	PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LC	OC ATION STREET	157	CITY OR TO	wn	COUNTY	5	TATE

ond completely filled in by the funer oges 1 and 2 should be filed within 7 4 FATHER'S NAME late 16a WAS DECEASED EVER TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and calculate above corbon papers. Pages medico (YES NO OR UNKNOWN) should be detoched for use as the buriol-tronsit permit. Then please remove corbon poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. injury, or other troumotic event, th 8 CAUSE OF DEATH PART I. DEATH W. Conditions, gove rise to imm couse (o), stating underlying couse PART 2. OTHER SIGN CERTIFICATION ony 19a. DATE OF OPERAT MPORTANT: If Item 21 is morked or Item 18 shows retained by the hospital or ottending physicion 210. ACCIDENT WAS UNDE OR CONTRIBUTING C MEDICAL (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR NOT WHI WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased ofive on obove, (I) (we) (did) (did not) view the body after death. and that in (my) four opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 8 hopel 7. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS STPO BEZ HAW OV EINTERSTAUCH 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial CITY OR TOWN 1981 Dec 3, Lorraine Park 24 FUNERAL DIRECTOR DEC (VRA 15, 4)

BP. DHMH-16 30M 2/80

TO HOSPITAL OR ATTENDING PHYSICIAN: The Io

FOR STATE REGISTRAR DECEASED NAME TYPE OR PRINT

Baltimore, M

USUAL RESIDENCE (IF NURSI 13a. STATE

3. SEX

Baltimore, Maryland

22c. DATE SIGNED

, that (1) (we) lost

Harry H Witzke 4112 Columbia R The Ellicott City 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

198

THE THE PERSON OF THE PERSON OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON See 5, 1901 Lorraine Park

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and campletely filled in by the funeral director shauld be detached for use as the buriol-transit permit. Then please remove carbanopopers. Pages 1 and 2 should be filed within 72 haurs alt with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

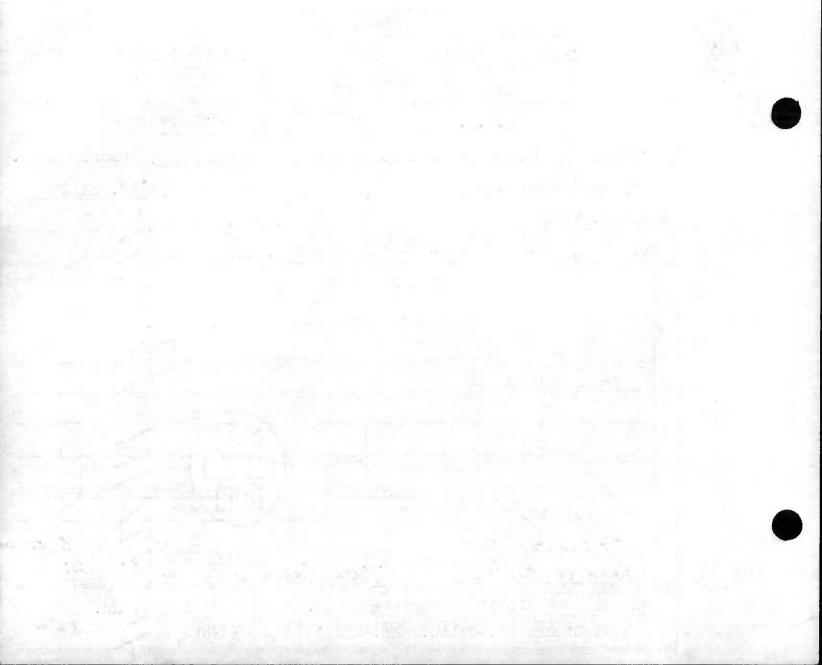
IMPORTANT: If Item 21 is morked ar Item 18 shaws any injury, ar other troumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG.	NO.	8	0 0
1. DECEASED NAME FIRST (TYPE OR PRINT) Willia	m Leslie		LAST	November		81	26. HOUR 9:30am
3. SEX Male	Cancasian	9/4/	0F BIRTH YEAR YEAR	6 AGE (IN YEARS LAST I	YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Maryland Maryland	U.S.A.	MARRIE			ore Cou		MD.
Baltimore		address)	Hospital	170 USUAL OCCUPA ITYPE OF WORK FOR MOST Marine	OF WORKING LIFE	126. KIND O INDUSTRY EXXO	n Corp.
	or other institution give residence before NTY 13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 4414 Gui	nlyn R	d. 21	128
James F. Kell:	V		Florenc	e S. Nor	tham	LAST	
	8-1946 020-12		Mabel V.		Same a		MATE INTERVAL
gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT Parkinson	DUE TO, OR AS A CONSEOU	JENCE OF	eart Failure	INAL DISEASE OR COL	ndition Give	N IN PART 110	
Parkinson 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO		20a AUTOPSY? YES NOX	IN CERTIFY		GS USED OF DEATH? NO []
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	RT 1 OR PART 2)	
AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
sow the deceased alive as above, X (we) (di X	November 10 19	81	nd that in (m) (aur) apinion a	to Novemb			hat (X (we) last ouses stated
224 PHYSICIAN'S NAME INH	George Rector		ATTENDING PHYSICIAN PHYSIC	MEDICAL DIRECTOR PHYSI Tanklin Sq	uare Dr		10-81
23a BURIAL, CREMATION, REMOVAL	, , ,		emetery or crematory nd Mem. Parl	k Balti	more,	Md.	STATE
24 FUNERAL DIRECTOR Schir	nunek Funeral,	Home Ma.	21293 250. DATE	T 3 1981			Bethen

BP. DHMH - 16 50M 1/81 (VRA 15, 4)



executed

OR ATTENDING PHYSICIAN: The law

O HOSPITAL

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST MIDDLE LAST 2a. DATE OF DEATH MONTH DAY Clara Kendrick 11 8 5. DATE OF BIRTH 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 13 96 White Female 91 YRS.

	RTHPLACE (STATE OR FO	DREIGN 76 CI	TIZEN OF V	VHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNTY C	OF DEATH
C	Wash. D.C.	. U	SA		WIDOWE	D NEVER MARRIED	Baltimore	County	/ MD.
	TY OR TOWN OF DEA			OSPITAL, NURSING		DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE		126. KIND OF BUSINESS OR INDUSTRY Own Home
730. 9	al RESIDENCE (# NURS STATE laryland	136 COUNTY Balti		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Catonsu	N.	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 3 Sanford	Avenue	
14. FA	GEORGE	MIDDLE		Johr	nson	IS MOTHER'S MAIDEN NAM FIRST Catherine	MIDDLE		Sutton
0	VAS DECEASED EVER YES, NO OR UNKNOWN]	IN U.S. ARMED (IF YES, GIVE WAR (217-38-9		Joseph A. Ke	andrick, 340		llicott City Md cory Dr. 21043
CERTIFICATION	Conditions, if any, gove rise to imm couse 101, storin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA	which nediate ig the last.	(b) DUE TO, OR (c) DITIONS CO	DIVER	NCE OF	NOT RELATED TO THE TERM INAL DISEASE OR CON 200. AUTOPSY? YES NO	20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?	
MEDICAL CER	220.1 certify that (I)	CAUSE OF DEATH AL EXAMINER) RED (this hospital) o	P A 1e. PLACE (AT HOME, STR	A. MONTH DA A. DE INJURY SET, FACTORY, OFFICE, FA	19 ARM, ETC.)	216. HOW INJURY OCCURR 216. LOCATION STREET	CITY OR TOV	VN	COUNTY STATE
	saw the decessed obove, (I) (we) (c) 177b. SIGNATURE 22d. PHYSICIAN'S NA Paul R.	did) (did not) view	30	ey (u)	,	22e. ADDRESS	MEDICAL STAL DIRECTOR PHYSIC	FF CIAN [122. DATE SIGNED
23a. E	BURIAL, CREMATION, SPECIFY Burial		DATE 11/12/			emetery or crematory edral Cemeter			Md.
24 F	UNERAL DIRECTOR W.	itzke P.	.A.	ADDRESS		250. DATE	REC'D. BY REGISTRAR	25) REGISTR	ARSSIGNATURETHEN

retained by the hospital or attending physician BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the third should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be lifted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows any

1630 Edmondson Avenue, Catonsville, Md. 21228

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(I		ASED NAME FIRST MIDDLE LAST Katherine Kesner				Nov. 18, 1981			
3. :	3. SEX Female BIRTHPLACE (STATE OR FOREIGN Kentucky 10 CITY OR TOWN OF DEATH Catonsville		White July 7b. CITIZEN OF WHAT COUNTRY? 8. MARI		5. DATE OF BIRTH JULY 23, SAY 1929 FAR 8. MARRIED MARRIED MORCED DIVORCED		6. AGE (IN YEARS LAST BIRTHOAY) 72 YRS.	IF UNDER LYEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	
53							9. Baltimore County of Death Baltimore County		
0					k Roa		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Meat Cutter 12b. KIND OF BUS INDUSTRY A & PS		
35 13	Ma Ma	3	DR OTHER INSTITUTION INTY timore	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO NO	2828 Frederic	ek Road	
30		HER'S NAME ate FIRST Jake Ste	wart	LAST		15. MOTHER'S MAIDEN NAM	Gillispe e	LAST	
160		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IVE WAR OR DATES) 235 44 1431. Mr Casper 16				ADDRESS Lesner 2828 Frederick Road		
ury, or ath		Couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
in you								S \(\text{NO} \) \) \)	
		P10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	110110 4		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, P.		
9 3		710. ACCIDENT WAS UNDERLYING	EATH HOUR A. ER) P. 21e. PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19	21c. HOW INJURY OCCURR 21f. LOCATION STREET		ART 1 OR PART 2)	
		(2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETHER, NOTIFY MEDICAL EXAMIN (2)0. INJURY OCCURRED WHILE NOT WHILE	P. 21e. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA de deceosed from 19	ARM, ETC.)	21f. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM 18, P.	COUNTY STATE	

Charles Milde Saint Street ALBUY DimuseSE pan O merciales Beni detreberi Bill | French S tion Output I A & Parties ies Jac Sunate Deaff 201003011 3005 Venterior 100 22, 27512 1, 229 der I, lell Crestleva FOR A MARKET MARKET MARKET MARKET A TRANSPORTER

·	K1-	FOR Items 18a.,16 STATEFilm#G562 1 REGISTRAR AT	8b.,22a. 2-28-81	ST DEPARTMENT O	ATE OF M	ARYLAND AND MENTAL	HYGIEN	2	8	5 3
*	1 DF	CEASED NAME FIRST		MIDDLE ALOETH A		ERTIFICATE (LAST SSLER	20. DATE OF	ESTI-	AONTH DAY	YEAR 26 HOLLE
	3. SE)	4. RACE	5. DATE OF BIRTH MONTH DAY SEPT 10	YEAR LAST BIRT	YEARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2c. DA1	MATED TO ME	ONTH DAY	YEAR 2d. HOUT
ECESSAR INERAL PRESTO PRESTO	Ja. BI	MALE WHITE RTHPLACE (STATE OR REIGN COUNTRY) BRYLAND	76 CITIZEN OF WE		MARRII WIDOW		RIED 9. BALTI	MORE CITY OR C	OUNTY OF D	
PAGE 5	10 CI	TOWSON	GBMC 6		ARLES	ST.	FOR MOST OF WO	UPATION (TYPE OF DRKING LIFE)		ND OF BUSINESS INDUSTRY
AND 3 TO SHOULD BE RETAIN BE RETAIN BE RETORD BE RECORDS.	#13a. S	ALRESIDENCE (IF IN NURSING NOME OF TATE 13b. COUN		13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13. STREET ADDI 5747	RESS HAZ	ELWOO	D CL.
E-XORON		HARRY W.	SLAUGH,	TER LAST		15 MOTHER'S MAID FIRST ELIZA	BETH	MIDDLE SCHNE	TINE	AST R
JISS AFTER DEA JISS AFTER DEA B. GIVE PAGES I AN MITH FORM P T. PAGES I AN DIVISION OF		NO	WAR OR DATES)	313-34-	1846	17 INFORMANT FAM	14	ADDRESS		
D BE EXECUTED WITHIN 24 HOUR ENDING" IN PENCIL IN ITEM 18 MEDICAL EXAMINER ALONG W AS A BURIAL - TRANSIT PERMIT CALTH AND MENTAL HYGENE, D CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	DBY: E CAUSE (o) DUE TO, OR (b)	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	Tachy	0777	from		BETW	PROXIMATE INTERVAL REEN ONSET AND DEATH
SHOULD BE EXECTORD PROBLING." CHIEF MEDICAL E USED AS A BUR T OF HEALTH ANI URIAL, CREMATIC	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TE			ART 1 a.		20 AL	UTOPSY?
E. WRITING THE WORD "EDW RWARDED TO THE CHIEF ME F. PAGE 3 SHOULD BE USED AS STATE DEPARTMENT OF HEAL 0, 21201 PRIOR TO BURIAL, CR	AL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF C		MONTH DAY YE	AR 21c. HO	W INJURY OCCURR	ED (ENTER NATURE OF 1	NJURY IN ITEM 18 PART		ES DNO D
RWARDED TO RPAGE 3 SHC STATE DEPAI), 21201 PRIC	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE C		211. LOC ST	ATION	CITY OR T	OWN	COUNTY	STATE
HE CERTIFICATION OF THE CERTIFICATION OF THE CORE THE COR		22a. I certify that I toak charg death resulted from Natur ACTUAL SIGNATURE			Autaps:	Mamicide	Undetermined in	nanner .	my opinian	14/81
O MEDIC XECUTE TI AGE 4 SH O FUNER AFTER DEA SALTIMORI	-	EXAMINER'S NAME (TYPE OR PRINT)				ADDRESS	/			//
BP	Bi	URIAL CREMATION, REMOVAL 2: PECIFY NERAL DIRECTOR	11/17/198	1 OAKL	AWN		23d. LOCATION CITY OF TOWN BALTO REC'D. BY REGISTR	COUNT	COUNTY	STATE MD,
DHMH - 17 (VR A15 ME (5))	I	WANS FUNEY	AL ChA	Pel 8800	HArfor	AR NO	V 2 0 1981	Parces	Jan 1	lether

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	1 -	em #5&6 per ph FOR 11/18/81 r STATE REGISTRAR EASED NAME FRST	c		CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. N		8 1	6 4
		OR PRINT) JOHN		В.		RKLAND	November		1981	26. HOUR 4:00P _M
m d		Male	4. RACE Whi	te	Nov.	8, DAY 1907EAR	6 AGE (IN YEARS LAST BI	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		OUNTRY Jersey	76 CITIZEN OF	• A •	MARRIE WIDOWE	DXXNEVER MARRIED DIVORCED	Baltimore city of Baltimo			MD
10	4	21234	11. NAME OF 18733		DODESSI	or other institution	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Enginee	OF WORKING LIE	E) INDUSTRY	of BUSINESS OR
3 i	₃ s VIa		rother institution nty. timore	13c. CITY OR TOWN 21234	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO L	8733 0a.	kleig	h Road	d
3/				Kirkland		Alice	WIDDLE		Brocky	way
1	(Y.	AS DECEASED EVER IN U.S. AI	RMED FORCES?	141-12-		Josephine	Kirkland		o., MI	21234
and a second	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	ASD 49	anythics NAL DISEASE OR CON		EN IN PART 10	a)
2	CERTIFICATION	90. DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	OF DEATH?
	ZA Z	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONTRIBUTING [OR CONTRIBUTING [OR CAUSE OF DE OFFICE OF THE CONTRIBUTION	-1111	m. month da m.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
		WHILE NOT WHILE ALWORK 220 I certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no 22b. SIGNATUH)	ital) attended the	e deceased from	, an	d that in (my) (aur) apinian d	eath accurred an the discount of the discount	ate and hau	19_ 19 \$\frac{19}{22c}\$. DATE	L MADE III
/		Ralph Bae	r, M.D			285 Ridge		Ler M	edical	L Group
24	r FUI	DRIAL, CREMATION, REMOVAL PEMATION NERAL DIRECTOR Lliam E. Joh	Nov.1	7,'81 Gr	een		rechity 1981ar	more	Mar Mar RANS SAMA	state state

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9	0	

1. DECEASED NAME (TYPE OR PRINT) 3. SEX Male	Danie]	L	Walter		AST		20 DATE OF	DEATH MON	ITH DA	YEAR	2b HOUR
3. SEX Male			Walter								
Male	4.		" al ter	KLI	EINHANS	JR.	Novem	ber 17	. 198	3	1:25
		RACE		S. DATE C	OF BIRTH		6. AGE (IN YE	ARS LAST BIRTHDA	,	UNDER I YEAR	IF UNDER 24 HRS
		Whit	:e	MONTH		1906		75	YRS	NIHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	NEVER /	AADDIED [9 BALTIMO	RECITY OR C	OYTHUC	FDEATH	
New Jersey		U.S.	A.	WIDOWE		VORCED	Balt	imore (Count	V	MD
O CITY OR TOWN OF DE	ATH 1				R OTHER INS	TITUTION			DVINC LIEE		F BUSINESS OR
Rossville					pital				KKING (IFE)		road
USUAL RESIDENCE DE NURS		HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							2000
				N					ton I	5co(21222
14 FATHER'S NAME	Darci	doz c	Dundain					101111119	COII I	wau	21222
FIRST			LAST	-		FIRST		WIDDIE		ĮAS	
								1000000			
(YES NO OR UNKNOWN)								ADDRES	ilmir	igton,	Del.
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2041)										
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gave rise to imi	nediate	101—		-							
		DUE TO, OF	R AS A CONSEQUE	NCE OF							
2.07.0.07.150.510.		(c)									
	NIFICANT CO	NDITIONS <u>CC</u>	NTRIBUTING TO E	SEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITIO	ON GIVEN	IN PART 10	0
9		Tin Course					1	i and			
S ING. DATE OF OPERA	HON	198. CONDI	HON FOR WHICH	OPERATIO	N WAS PERFO	KWED	700 AUTO				
T T							YES 🗌	4.00	(NO 🗌
an a		110110 4		Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NAT	URE OF INJURY IN	TEM 18 PART	I OR PART 2)	
(IF EITHER NOTIFY MEDI				19							
21d. INJURY OCCUR	RED					N		CITY OF LOWIN		COUNTY	STATE
AALITE MACOL MA		(A) HOME SIN	PACTORY, OFFICE, F	IKM, ETC. J	JAKE.						31476
220 Manutifu About 18	(this bosnital	attended the	decrased from	ovemb	er 16	19 81	, NOV	ember :	7 19	81	that X (we) last
saw the decease	ed alive on N	ovembe	r 17 19 8	31 on		(aur) apinian c	leath accurred	on the date a		,	
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TO FUNERAL DIRECTOR: should be detach IMPORTANT

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

Henry Sacerid, M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 11/19/1981

saw the deceased alive on abave, (h/we) (did) (did not

224 PHYSICIAN'S NAME (TYPE OR PRE

23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

DEGREE

5

22e ADDRESS

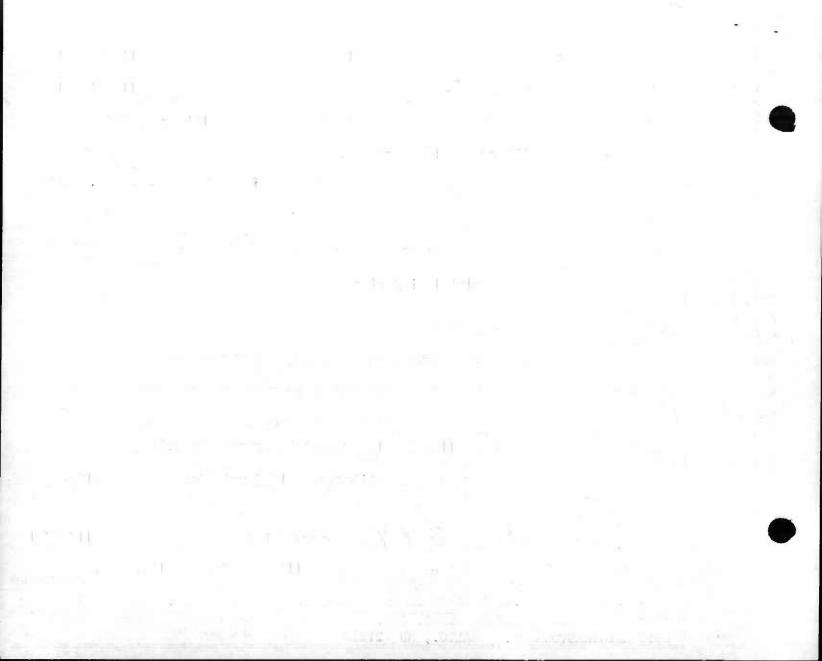
23d LOCATION
CITY OR TOWN
Allentown, Pennsylvania

Walter Brooks Bradley Inc. Balto., Md. 21222

DIRECTOR PHYSICIAN

9000 Franklin Square Dr., Balto., MD 21237

With the second
a 1	-	OR	D	STATE OF A		YGIENE)	9 2	1 6	6
-91		STATE REGISTRAR		ICAL EXAMINER'S		EDEATH	NO.	1 0	0
		EASED NAME FIRST		WIDDIE	LAST	20. DATE KNOWN OF ESTI-	нтиом ЖЖ	DAY YEAR	26 HOUR
8.515.92 ET-55.02		Barne			ompus	DEATH MATED		21 19 81	
DIRECTOR DUR FILES ON STREET		ale White	5. DATE OF BIRTH MONTH DAY 4 25	YEAR LAST BIRTHDAY) MONTH	DER I YR. IF UNDER	MIN PRONOUNCED DEAD	монтн	21 19 8 I	5:56
97	FO	RTHPLACE (STATE OR LEIGH COUNTRY) AUSTRIA	USA	AT COUNTRY? 8. MARR	Ner®4E4 DIVORCI	ED □ Baltimor	e Count	ty,	JM.
OOSE A	R	Y OR TOWN OF DEATH NDALLSTOWN	(#FNOT IN SUCH FACE	ITAL, NURSING HOME, OR OTH ILITY, GIVE STREET ADDRESS) & Old Court Rd		SALESMAN SIFE)	W	ALLPAPI	ER
1000 1000 1000 1000 1000 1000 1000 100	13a. S M	RESIDENCE (# IN NURSING HOME OF ATE ARYLAND 13b COUNT BAI	TO.	RANDALLSTOWN	13d. INSIDE CITY LIMITS?	3 523 GLEN MI	APT. T-		133
32	14. FA	THER'S NAME HERSCHEL	WIDDLE	KLOMPUS	BESSIE	MIDDLE		URŠŤ	
AGES	16a V (YI	'AS DECEASED EVER IN U.S. ARN S, NO, OR UNKNOWN) (IF YES, GIVE V NO		16b. SOCIAL SECURITY NO. 217-05-5673		MICHAEL LA. R		STOWN, I	МD
USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 S OF HEAITH AND MENTAL HYGIENE, DIVISION OPCITAL IRIAL, CREMATION, OR REMOVAL.	Noi	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> couse last.	E CAUSE (a) MU DUE TO, OR A (b) DUE TO, OR A	Itiple injuries as a consequence of as a consequence of ut not related to the terminal disease	E OR CONDITION GIVEN IN PAGE	tī 1 (a).		BETWEEN ONSE	TAND DEATH
URIAL, C	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	on for which operation w	AS PERFORMED?			20. AUTOPSY	, NO 🗆
DEPARTMENT OF HEAT PRIOR TO BURIAL, OF	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF D	21e PLACE OI	MONTH DAY YEAR 1 2119 81 FINJURY (ATHOME, 211. LO		D LENTER NATURE OF INJURY IN ITEM STruck by aut CITY OR TOWN			STATE
AFTER DEATH, WITH THE STATE DEATH WAS ALLOWED BALTIMORE, MARYLAND 21201	2		STr	reet Lib	erty & Old sy X, Inspection Homicide TITLE (SPECIFY) Deputy Ch	Court Rds.		Balto.	Md
FUNER TER DEA	-	(THE ORTRING)			ADDRESS	Penn St. Bal	ito., Mo	d.	
A A	(5		NOV.23,198	230. NAME OF CEMETERY O PROGRESSIVE	BENEFIT & F		RANDAI	OVV -	MD
IMH - 17 .15 ME (5))		NAME 010 REISTERSTOW		BROS. INC. ALTO., MD 2121	5 NO	V 25 1981	EGISTRAT SISTE	esarpherica.	



5	(RA)	1 -	FOR STATE REGISTRAR
	1 553		REGISTRAR

completely filled in by the funeral directar, it and 2 should be filed within 72 hours after

the burial-transit permit. Then and Mentol Hygiene prior to bu ked or them 18 shaws ony injury

MPORTANT: If them 21 is morked

TO FUNERAL DIRECTOR: After

shauld be detact

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 2 8 1 6

	REGISTRAR		CENTII	ICATE OF DEATH	REG	. NO.		
	I. DECEASED NAME FIRST	WIDDIE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	ELI	MER V KNOX				11/1	8/81	5P "
	3. SEX	4 RACE	5. DATE (6 AGE IN YEARS LAS	BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
	M	W	Aug.	31, 1915 YEAR	66	YRS.	MOIVING DATS	HOURS MIN.
7	70. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CIT	_	Y OF DEATH	
1	Camden, N. J.	USA	WIDOW		TOWSON			MD
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUP			F BUSINESS OR
0	BALTIMORE	6701 SUNFACTHARILE		GBMC	Iron Work	cer	Struc	tural
7	FUSUAL RESIDENCE IF NURSING HOME OR 130 STATE N36 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY Baltimo	/N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	ss Belvede	ere Ave.	
	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME			
)	Leroy Knox	MIDDLE		Ver	onica Gala	ida	LAST	ſ
	160. WAS DECEASED EVER IN U.S. AR	E WAR OR DATES		17. INFORMANT		DRESS		
2	(YES, NO OR UNKNOWN) (# YES, GIV	163 09 6	089	Mrs. Deidre	Wilson 83	37 E. B	elveder	e Ave.
	PART I. DEATH WAS CAUSE S S IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) HYPER DUE TO, OR AS A CONSEQUE (c) OCCLUS	TEN'S	ENAL&PERIPH	RENAL DI ERALARTE	RY DI	SEASE	MATE INTERVAL ONSET AND DEATH
ì	PART 2. OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING TO </u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GI	VEN IN PART 110	J1
	19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERT	S, WERE FINDIN	
	OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF 11	BI MƏTI NI YRULN	PART 1 OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
	saw the deceased alive on obove, (1) (we) (did) (did no	tal) attended the deceased from	81., or	nd that in (my) (aur) apinion o	, to	date and ho		that (1) (we) lost couses stated
	A SIGNATURE	Laurs, M	W	ATTENDING APHYSICIAN	MEDICAL S'DIRECTOR PHY	TAFF SICIAN []	77c DATES	20/8/
	22d. PHY ICIAN'S NAME (TYPE O			22e ADDRESS			(1
	DR J R DA	1V 1S		MED. ART	S BLD. B	ALTO.	MD	

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC.

23a BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

236. DATE

11/21/81

6500 York Rd.

23c. NAME OF CEMETERY OR CREMATORY

St Mary's Cemetery

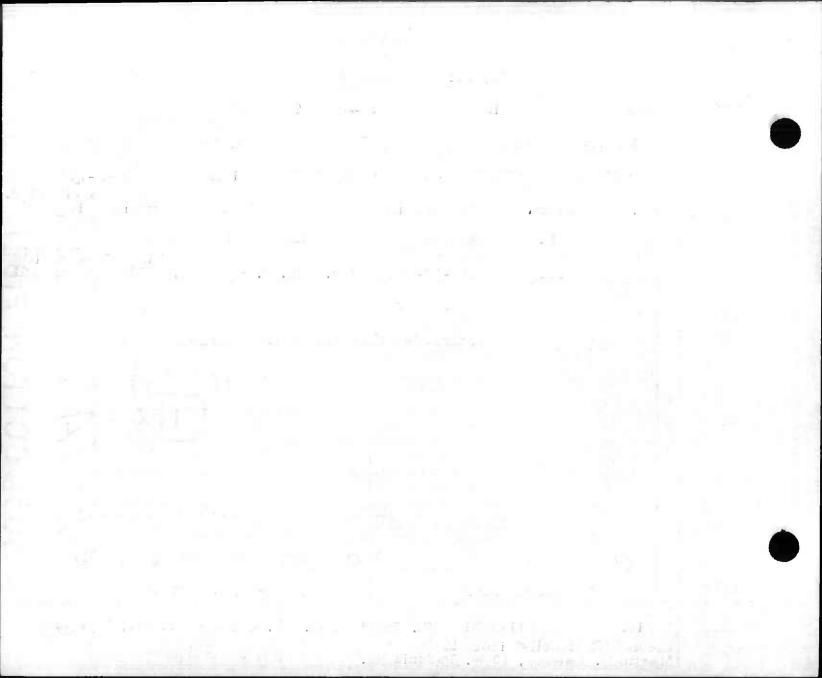
23d LOCATION
Baltimore, McCunty

STATE

BY REGISTRAR 256 REGISTRAR'S LIGNATURE

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	It	em #5 Film	n G561	11/9/			OF MARYLAND	o i	9	8 1	6 9
	1 -	FOR STATE REGISTRAR			DEPART	CERTIFI	CATE OF DEATH	REG. N	2	0 1	0 0
		CEASED NAME	FIRST		MIDDLE	A.J	ST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
			Carl		yhart		rner		11 5		12:05PM
EE.	3. SE	X	1	4. RACE			BRY Th	6. AGE (IN YEARS LAST BI	THDAY) II	NIHS DAYS	IF UNDER 24 HRS
7.5		Male		Whit			21, 1890	91	YRS.		ET ST
7 5 BOX	7e. B	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIED	☐ NEVER MARRIED ☐	9. BALTIMORE CITY	R COUNTY C	OF DEATH	
1,50		Maryla	nd	USA		WIDOWE	DIVORCED [Baltimore	Count		MD.
by the lifed with the motified with the life of the li	10. C	TOWSON	ATH	(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREET 701 N. C	ADDRESS)	St. 21204	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		INDUSTRY	Employed
filled in ould be f	13o. 5	AL RESIDENCE (# NURS	13b COUN	ITY	13c. CITY OR TOV	VN I	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS		ackson	niville, Mo
2 sh		Md. THER'S NAME FIRST		WIDDIE	Jackson	nviiie	15. MOTHER'S MAIDEN NA				st
omplet on ordinate of the ordi		John	В.		Koerner			sephine B	5.0.0		
Poges 1		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECTION 218-10-		Mr. Wm.	S. Koerner	PIKE	8 Jar	ksonville rettsville
physicio npopers novol.		18 CAUSE OF DEAT	H (Enter on	ly one couse pe	r line for (o), (b), or	nd (c).				BETWEEN	ONSET AND DEATH
phy on po emov		PART I. DE ATH W	'AS CAUSEI	D BY: E CAUSE (0)	Cardiac .	Arrest					SECTION SI
ding or re otic e		4292	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OR AS A CONSEQU	ENCE OF					
nove corb nove corb lotion, or i troumotic		Conditions, if ony,					c Cardiovascı	ılar Disease	3		
by the otten ose remove o , cremotion, other troum		gove rise to imm couse (o), stotu	ig the	DUE TO, C	OR AS A CONSEQU	ENCE OF					
d by eose ol, cr		underlying couse	lost.	(c)							
n signed Then pl r to buri injury, o	NO	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART I	0.
prior ony ii	ATI	190 DATE OF OPERA	TION	19b CONE	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
shows o	I E							YES NO X	IN CERTIFYI		OF DEATH?
OIO	AL CERTIFICATION	210. ACCIDENT WAS UNE	CAUSE OF DEA	TH HOUR A	.M. MONTH D		21c. HOW INJURY OCCUR				
2 ≥ 5	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE			.M. OF INJURY	19	21f. LOCATION				
h ond orked o	ME	WHILE NOT WH	RK .	(AT HOME ST	TREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
Ne Al		22a I certify that (I) sow the decease				10/	21 , 19 <u>81</u> I that in (my) (our) opinion		, 19	81	that (I) (we) lost
d for t. of m 2 l		obove, (I) (we) (c	did) (did no) view the body	ofter deoth.			deoth occurred on the d	ate and hour o		
NERAL DIREC be detoched be Stote Dept. TANT: If Item		22b. SIGNATURE	911				EGREE ATTENDING	MEDICAL STA	FF	22c. DATE	
det det		a cand		mein		//	PHYSICIAN [DIRECTOR PHYSIC	IAN X	11/5	5/81
53 = 8 A		22d PHYSICIAN'S NA		man, M.	D.		27e ADDRESS 6701 N. Cha	arles St.	21204		
TO FUNERAL DIRECTOR should be detoched for us with the Stote Dept. of H IMPORTANT; If frem 21 is		SURIAL, CREMATION,	REMOVAL	23b. DATE	23с.	NAME OF CE	METERY OR CREMATORY	23d LOCATION		BA	
	B	specify)		11/2	781 St	. Johr	's Luth. Ch.	. Cem, Sw	eet Air	Ma-	ryland
16 30M 2/80		man on -M	ifch6			1	250. DAT	E REC'D. BY REGISTRAR	251 REGISTRA	TAMANAT	Harther
15, 4)	M	artin D. I	la we	on, 10	W. Pado	nia Ro	1. N	ov 6 1981	Courses	0	
			7, 5								



the attending physician ond campletely filled in the remove carbonpopers. Pages 1 and 2 should be the

injury, or other traumatic event,

IMPORTANT: If them 21 is morked or them 18 shows ony

10 FUNERAL DIRECTOR: After this certificate has bee

should be detached for use as the with the State Dept. of Health and

the burial-transit permit. Then please remove or and Mento! Hygiene prior to burial, cremation,

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28 | 69

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	Н	REG. N	10.		
	CEASED NAME OR PRINT)	MARIE		C.	KO	NTOS		November		DAY YEAR	26. HOUR 10:00P M
3. SE	x Female		4 RACE Whit	е	5. DATE C		ľ	6. AGE (IN YEARS LAST BII	YRS.	IF UNDER 1 YEAR MONTHS DAYS	
P P	ennsylva	te or foreign ania	U.S.		WIDOWE		D 🔲	Baltimore city of Baltimore			MD
В	altimor	Э	1509	Chapel Hi	II Da	or other institution of the control	N	Restaurat	ION DE WORKING LIE BUT	12b. KIND (INDUSTRY FE) OOG	OF BUSINESS OR
13a. S	al RESIDENCE (I STATE aryland		NOTHER INSTITUTION. NTY LMOTE	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimor	V	13d. INSIDE CITY LIM YES NO [¥	131 SIREET ADDRESS Chap	el Hil	ll Driv	е
4. FA	John John		MIDDLE	Cavoulas	3	Viole		WIDDIE		Pango	ŧ
	VAS DECEASED YES NO OR UNKNOW NO		MED FORCES? /E WAR OR DATES)	209-09-7		Ľampros n	. Ko	ontos, 1509 Balt	Chape imore,	Hill Md.	Drive
	underlying a	immediate stating the cause last.	((c)	CARCIA R AS A CONSEQUEI	NCE OF	TO THE 2	unc	CON & ME 35 & BONE	'S		(a)
CERTIFICATION	19a. DATE OF OI					N WAS PERFORMED		200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDS	INGS USED
CAL CER		AS UNDERLYING C G CAUSE OF DE Y MEDICAL EXAMINE	VIH.	M. MONTH DA	Y YEAR	21c. HOW INJURY (OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART 1 OR PART 2)	F. 1
MEDICAL	21d INJURY OC	CURRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
	saw the de abave, (I) (eceased alive ar we) (did) (did no	21	e deceased fram19			&f pinian d	, ta <u>Plow</u> : leath accurred an the d	ate and hav		
	226. SIGNATUR	a m	. Jum	amry,	m.D		ING	MEDICAL STA	FF CIAN []	11/5	SIGNED
	22d. PHYSICIAN		0	KMOY. N	1.D.	22e. ADDRESS CHURCA	4	HOSPITE 2			

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md.

11-6-81

23b. DATE

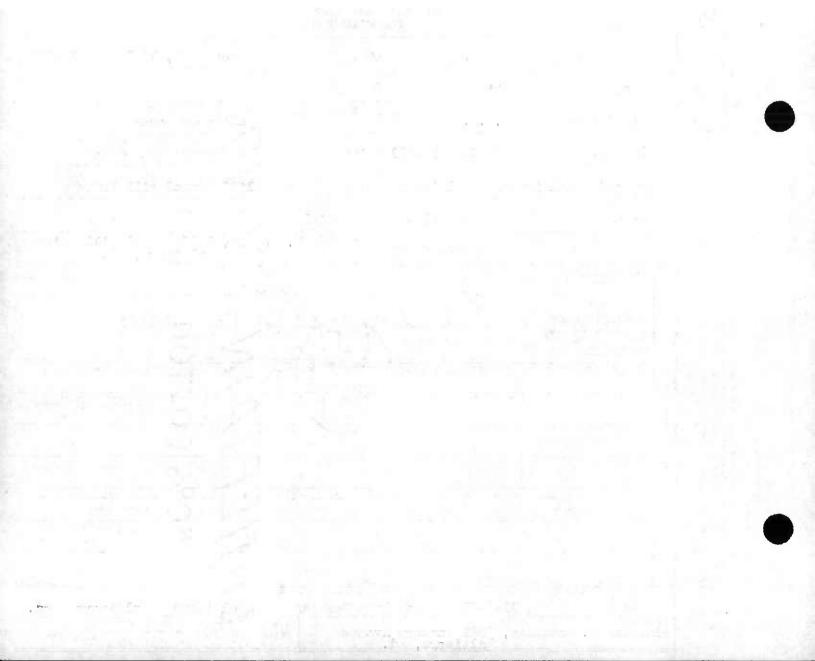
230. BURIAL, CREMATION, REMOVAL
(SPECIFY)
Burial

ATORY 23d. LOCATION

CITY BALTIMORE BALTIMORE

25a. DATE, REC'D. BY PEGISTRAN STREET REGISTRANS SIGNATURE

Md.



and completely lifted in tay

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shaund the fille with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 his

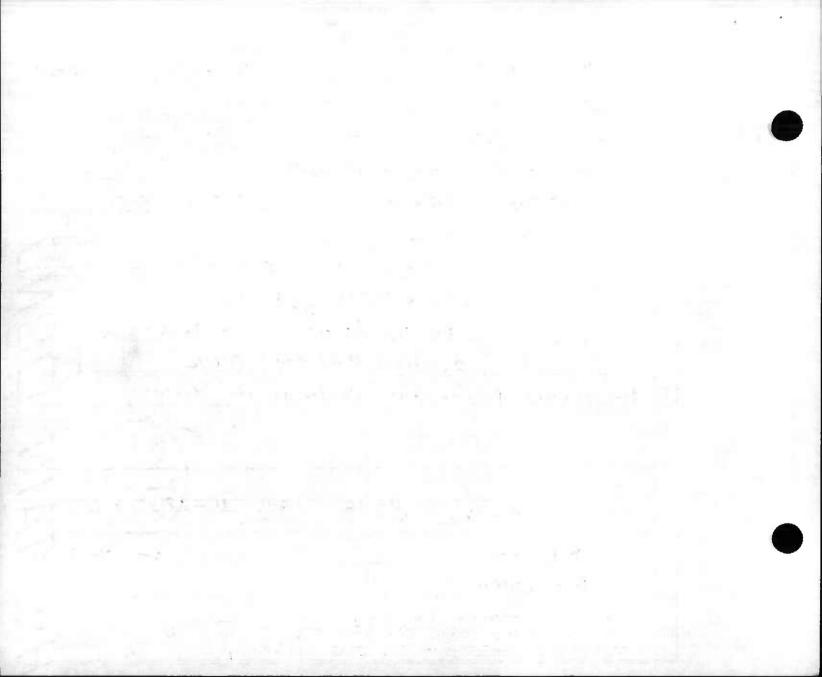
retained by the hospital or attending physician

STATE OF MARYLAND

	1.	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	HYGIEN	REG. NO	6.0		, ,
1		CEASED NAME FIR		WIDDLE	i	AST	20	DATE OF DEATH		DAY YEAR	26 HOUR
ı		Maa	leline	Н.	Kori			11-18-9	81.		-521- W
1	3. SEX		4 RACE		5. DATE C			AGE (IN YEARS LAST BIRT		IF UNDER TYEAR	IF UNDER 24 HRS
1		Female	White	2	6	27 190		76	YRS.	DATS	MIN.
4		RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8		9.6	BALTIMORE CITY O		OF DEATH	
Ы	C	OUNTRY) MD	77	S.A.		D NEVER MARRIED		Baltimore	Corm	+11	1
1	In CI	TY OR TOWN OF DEATH			WIDOWE G HOME C	OR OTHER INSTITUTION		USUAL OCCUPATION			BUSINESS OR
1			(IF NOT IN SU	CH FACILITY, GIVE STREET A	DDRESS)		(1)	PE OF WORK FOR MOST OF		INDUSTRY	603114E33 OK
4		ndallstown				eral Hospite	al	Homemaker			
1	IJ S	L RESIDENCE (IF NURSING HOTATE 13b	OME OF OTHER INSTITUTION	13c. CITY OR TOW!	4	138. INSIDE CITY LIMITS	S? 13e	STREET ADDRESS			
A		MD Ba	ltimore	Randallst	town	YES NO X		3831 Teri	ka Cir	cle	
	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
4	1	John	D.	Bruckner	,	Edna		E_{\bullet}		Tho	maa
1	16a W	AS DECEASED EVER IN U.		166. SOCIAL SECUI		17 IN ISORALANIT		ADDRE	SS		mus
١	{ Y	ES, NO OR UNKNOWN) (IF)	YES, GIVE WAR OR DATEST	000 74	200	3831 Terka	rs. I	Edna Mille Cle, Rando	377	1/7)	01177
ı	-			1 220-14-4		JOST TELKA	CLI	cre, nanac	llisto	wn, MD	21133
ł		18 CAUSE OF DEATH (En	iter only one couse pe AUSED BY:			1	~ ^ ~	. 120		BETWEEN ON	ATE INTERVAL ISET AND DEATH
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1		4100	DUE TO, O	OR AS A CONSEQUE	NCE OF	1					
ı		Conditions, if any, whi		20	Acu	IMI	es.	11th Can	rua	2	
1		gove rise to immedio couse (0), stoting t		OR AS A CONSEQUE	NCE OF						
ı		underlying couse lo			mia	and he	cert	Block.			
		PART 2. OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMINA	L DISEASE OR COND	ITION GIVE	N IN PART 1(0)	
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1	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH				20a AUTOPSY?	20b. IF YES,	WÊRE FINDING	SS USED
H	띮							YES T NO T	IN CERTIFY	ING CAUSES C	PEATH?
1	ERT	21g. ACCIDENT WAS UNDERLYT	NG 🗆 216 TIME	OF INJURY		21c. HOW INJURY OCC					140
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١		AT WORK NOT WHILE							_		
ł		220.1 certify that (I) (this	4.3	he deceased from	11-	19_5	<u>& L.</u> ,	to	X _ , 1	9 81 , th	ot (1) (we) lost
1		sow the deceased ali above, (I) (we) (did) (did)	ve on	ofter death.	S. on	d that in (my) (our) opin	nion deot	h occurred on the do	te and hour	and from the co	uses stated
		22b. SIGNATURE			1	DEGREE				22c. DATE SI	IGNED
ı		R.	M. Shah			ATTENDIN- PHYSICIAI		NEDICAL STAF		11-19	8-87
		22d PHYSICIAN'S NAME				22e ADDRESS					0 41.
		R	M. SHAF	1.							
-	23r P	URIAL, CREMATION, REMO			AME OF C	EMETERY OR CREMATO	DRY T	23d. LOCATION			
		SPECIFY)						CITY OR TOWN		COUNTY	STATE
	24 61	Burial	11/23	Famora /	est L	awn Cemeter	PATER	Marriotsv	le	Howard	MD
	24. FU	NERAL DIRECTOR LOY	ing byers	runeral L	rirec	orige Tive	INV	Ch 1981 A	name	The state of the	Clan
	87	28 Liberty F	load Kand	allstown,	MD.	21133	A . Y	, , , ,		12	

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 maretoined by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral infector to should be delached for uses as the build-transit permit. Then please remove corbonopers. Pages Land 2 moint be filed within 72 hours will be a complete to the complete the complete that the complete the complete the complete the complete that the complete	with the state Dept. of Depth and Mental Hygiene prior to burior, cremation, or removal.

injury, or other traumotic event,

IMPORTANT: If Item 21 is marked or Item 18 sh

MAME
Lassahn Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYC ICATE OF DEATH	CIENE O 1	NO.	Ö	/ 1
. DECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR PRINT) JOHN	Wi1	liam	KRAFT			11-1	2-81	10:32p _M
SEX	4 RACE		5 DATE O		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
, Male	White	Э	09	28 1901	80	YRS.	MONTHS DAYS	HOURS MIN.
a BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	TX VENEZ VINDER D	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Maryland	USA		WIDOWE	DE NEVER MARRIED DIVORCED	Baltimor	e coun	ty	MD.
CITY OR TOWN OF DEATH TOWSON	(IF NOT IN SUC	HOSPITAL, NUF H FACILITY, GIVE ST DSEPH HO	REET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Farmer	T OF WORKING	126. KIND C INDUSTRY 11 1 - emp	oloved
SUAL RESIDENCE LIF NURSING HOME OR	OTHER INSTITUTION							
100 000	timore	Perry		YES NO X	9807 Bel		Road 2	21128
FATHER'S NAME				15. MOTHER'S MAIDEN NA				
Joseph	WIDDLE	Kr	aft	Catheri	ine		Kah	
60 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SI	ECURITY NO.	17 INFORMANT	ADD	RESS		
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	215-1	0-6713	Theresa C.	Kraft	9807	Belair	Road
Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, OI		OUENCE OF	NOT RELATED TO THE TERM				
ING DATE OF OPERATION	IAP CONDI	TION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTÓPŠÝ? YES □ NO 🏋	IN CERT	S, WERE FINDIN IFYING CAUSES ES []	OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220.1 certify that X (this hospi Sow the deceased alive and other acceptance) THE STIGNATURE	21e. PLACE (AT HOME, STR OI) ottended the 11-12 View (the body)	M. MONTH M. DF INJURY EET, FACTORY, OFFI	19 CE FARM ETC) m 11-6 9 81 , one	d that in (my) (our) opinion ob DEGREE ATTENDING PHYSICIAN [22e. ADDRESS	CITY OR	dote and ha	22c. DATE 11-1	SIGNED
30. BURIAL, CREMATION, REMOVAL	23b. DATE		3c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	,01	COUNTY	
Burial	11/16	/81	St. Jo	seph's Cem.	Fuller	ton		ore Md.

7401 Belair Road

DHMH-16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the shauld be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

medical

njury, or other traumatic

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

730. DATE REC'D. BY REGISTRAR 735. REGISTRAR'S CONTURE NOV 201981

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14. FATHER'S MAME JOJEPH WADEN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NEGRUNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause la), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) CONSEQUENCE OF (c)	1 17 81 12:53PA IF UNDER I YEAR IF UNDER 24 HRS WONTH'S DAYS HOURS MIN. PUNTY OF DEATH OUNTY 17b. KIND OF BUSINESS OR
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11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (F MOT IN SUCH FACILITY, GWE STREET ADDRESS) USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. STATE 132. CITY OR TOWN 132. CITY OR TOWN 133. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. MOTHER'S MADE 135. MOTHER'S MADE 136. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NS GRUNKNOWN) (F YES. GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Conditions, if only, which gove rise to immediate cause (a), stoting the underlying cause last. (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	IZE. KIND OF BUSINESS OR INDUSTRY
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DART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TENTO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS	N GIVEN IN PART 1(a)
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. NO. W 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN)	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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22a. I certify that (1) (this haspital) attended the deceased from 11/14 19 81 to 11/17 saw the deceased alive an 11/17 19 81 , and that in (my) (aur) apinian death accurred an the date a abave, (1) (we) (did) (did not) view the bady after death.	01
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	
T. Iliff, M.D. 22e ADDRESS 6701 N. Charles St. 212	22c. DATE SIGNED

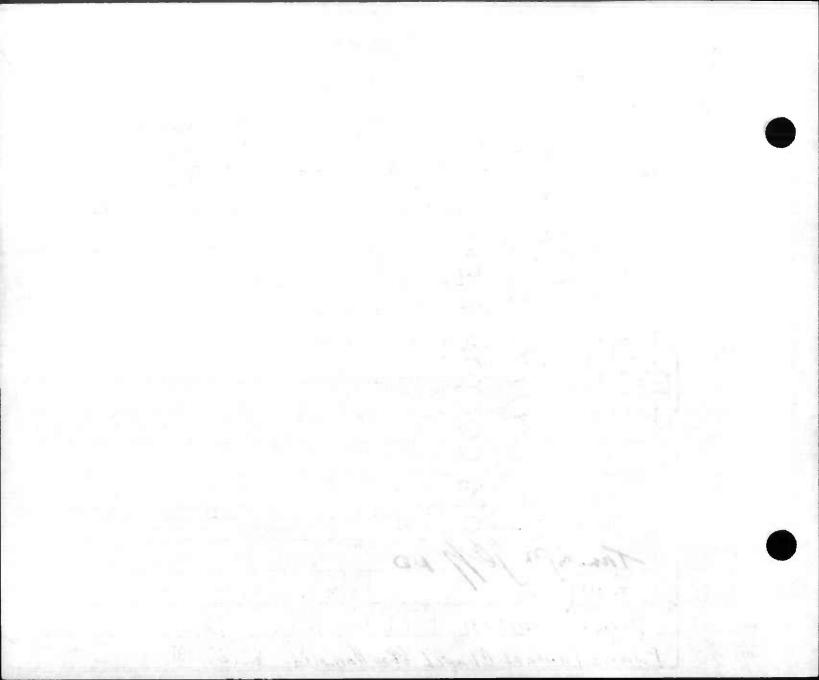
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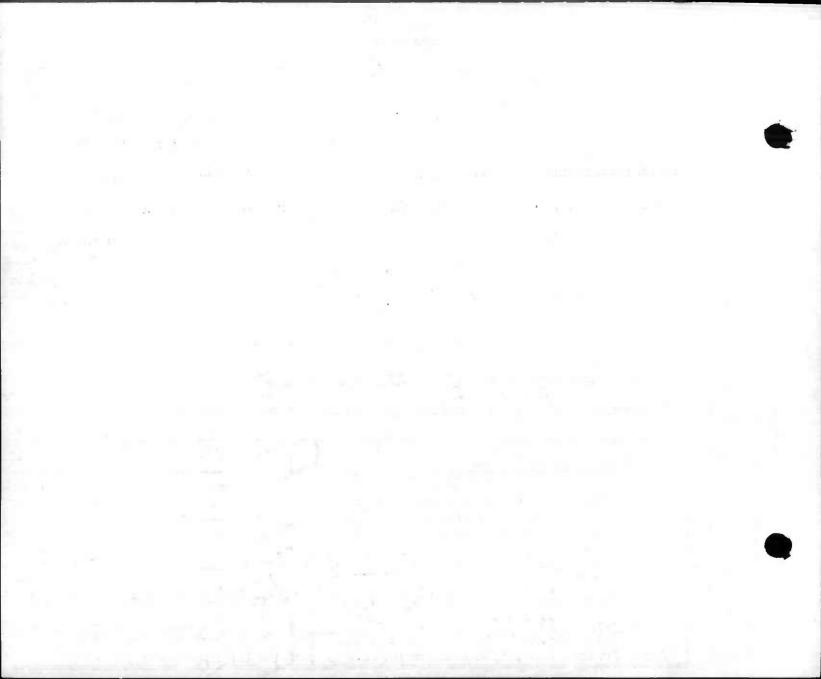
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DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT:

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COUNTRY

30. STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH FIRST MONTH 2b HOUR 4. RACE IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS APR. 30, 1900 WHITE 81 FEMALE To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY USA LITHUANIA WIDOWEDXX DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! AT HOME BALTIMORE COUNTY GEN. HOSP. HOUSEWIFE RANDALLSTOWN JSUAL RESIDENCE 13c. CITY OR TOWN 135 COUNTY 13d INSIDE CITY LIMITE? 13e STREET ADDRESS BALTO. RANDALLSTOWN YEST XX NO 8650 ALLENSWOOD RD. #21133 MARYLAND 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST RAZA SIEGEL MORTICHI LEIB SACHS MIRIAM 166 SOCIAL SECURITY NO. MRS. LYDIAADPESTT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN) 215-42-7871 8650 ALLENSWOOD RD. RANDALLSTOWN, MD 21133 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF

underlying couse lost.	(c)				
PART 2 OTHER SIGNIFICANT CON	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	0.
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART T OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		1 81	111		

sow the deceased alive on and that in (my) (our) apmon death occurred on the date and hour and from the causes stated obove, (I) (me) (did) (did not wiew the body after death 22h SIGNATURE DEGREE UD ATTENDING MEDICAL PHYSICIAN PURECTOR | PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

AITZ CHAIM

23d LOCATION BALTIMORE

MARYLAND

22c. DATE SIGNED

BP

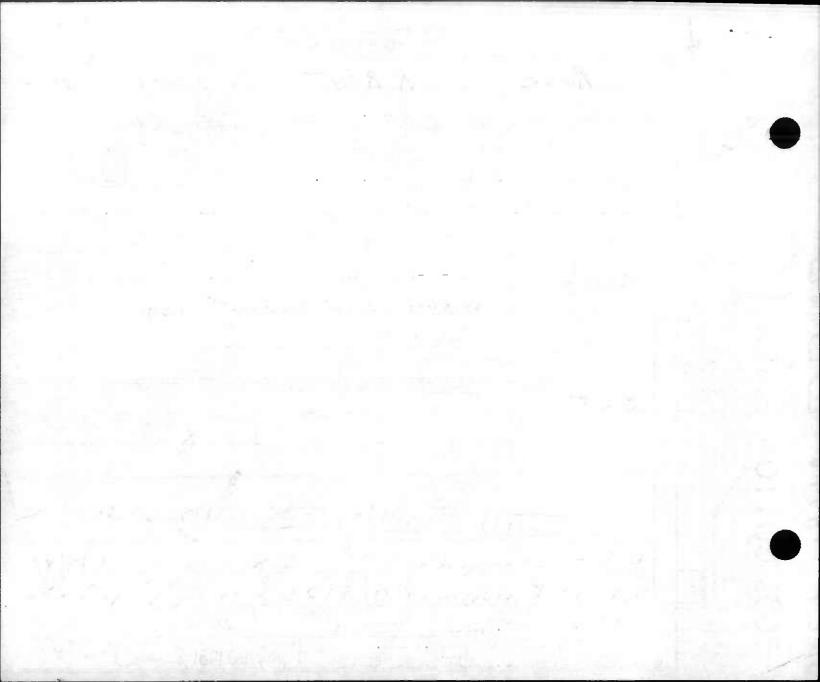
FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

NOV.9,1981

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR S. BIGNATA 1981

DHMH - 16 50M 1/81 (VRA 15, 4)



Latonsville, ond. 21221



STATE OF MARYLAND

2817

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST

KUSZMAUL

5 DATE OF BIRTH A MONTH

	REG. NO	Э.			
	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
	NOVEMB		_	1981	10:30
VF AD	6. AGE (IN YEARS LAST BIR	HOAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS
1890 YEAR	91	YRS	N.O.G.	DATS	HOURS MIN.
R MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF D	EATH	
DIVORCED	BALTIM	ORE	COL	JNTY	> MD
STITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O				BUSINESS OR
al .	Home Make	r	PE) IN	Own	Home
CITY LIMITS?	13e STREET ADDRESS				
NO 🗶	204 E. J	oppa	Ro	ad	
R'S MAIDEN NAM	ME MIDDLE			LAST	
arah	WIDDLE		Ho	lmes	
MANT	ADDRE	SS			
Carol L	inthicum 1	.913 1	Lyd	en Ro	ad
				APPROXIA BETWEEN O	NATE INTERVAL
ASCULAR	ACCIDENT				
LOUDINIK A	MOLDERT				
TROUTE C	ARDTOVASCUL	A TO			
SKULLU U	ARDIOVASCUL	AR	+		
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ED TO THE TERMI	IN AL DISEASE OR CONE	DITION GIV	/EN IN	DAPT 1	
	THE DIOCHOE ON CONT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TAKI NO	
CINOMA FORMED	20a AUTOPSY?	20b. IF YES	S. WEF	RE FINDIN	GS LISED
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		5	19	81.1	hot ((we) lost
(our) opinion d	leath occurred on the do	te and hou	ır ond	from the c	ouses stated
ATTENDING	MEDICAL		2	2c. DATE S	IGNED
PHYSICIAN E	MEDICAL STAF			11-	6-81
ESS					
7620 YOR	K ROAD TOV	ISON,	MD	212	.04

executed within 24 haurs after death. Page ottending physician and completely lilled ave carbanpapers. Pages 1 and 2 shaulth shauld be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval. TO FUNERAL DIRECTOR: After this certificate hos been

njury, ar ather traumatic

TYPE OR PRINTS

SEX

13a

16a

CERTIFICATION

MEDICAL

LILLIAN

MPORTANT: If Item 21 is marked ar Item 18 sh BP DHMH - 16 50M 1/B1 (VRA 15, 4)

EDDIE NAKHUDA, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE Burial Nov. 9,1981 24 FUNERAL DIRECTOR

228. PHYSICIAN'S NAME (TYPE OF PRINT)

23r. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

22e ADDRESS

> 23d LOCATION Baltimore,

Maryland

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1050 York Road 250 DATE REC'D. BY REGISTRAR 231 REGISTRAR SIGNAU Authen Towson, Md. 21204

Female		White		Aug.	29, DAY	.890 ^{FAR}	9	1	YRS	MONTHS	DAYS	HOURS
IRTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI		MARRIED [_		OR COUN MORE		NTY	,
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AL RESIDENCE (IF NOR STATE Maryland	Balti		13c. CITY OR TOWN	4	13d INSIDE (NO X			Joppa	Road	1	
James VAS DECEASED EVER	MID R IN U.S. ARME	W.	Shortt			S MAIDEN N FIRST TAH ANT	NAME	MIDDLE	RESS	Holn	LAST nes	
yes, no or unknown)	(IF YES, GIVE W		214-74-8	3 23	Mrs.	Carol	Linthi	cum	1913	Lyder	n Ro	ad
Conditions, if ony gove rise to im cause (a), stati underlying cause	mediate ng the e last	DUE TO, O	ADVANCED R AS A CONSEQUE DITRIBUTING TO D	NCE OF D .	ISEASE					IVEN IN PA	ART No	
HEMATURI 19a. DATE OF OPERA			TORY OF B				20a AUT	OPSY?	IN CERT	ES, WERE I		GS USED OF DEATH?
21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW In	JURY OCCU	JRRED (ENTER N		JURY IN ITEM 18	B PART I OR PA	ART 2)	
21d. INJURY OCCUR	HILE	21e PLACE ((AT HOME STR	OF IN JORY EET FICTORY, OFFICE, FA	RM, ETC)	21f LOCATI			CITY OR	IOWN	cour	NTY	STATE
220. I certify that sow the decease above, AI (we) (sed plive on	11-1	50008			, 19	n death occurr	ed on the	- 5 date and ha	, 19 <u>8</u> our and fro		hat (f (we) auses stated
22b. SIGNATURE		//		D	EGREE					221	DATES	IGNED

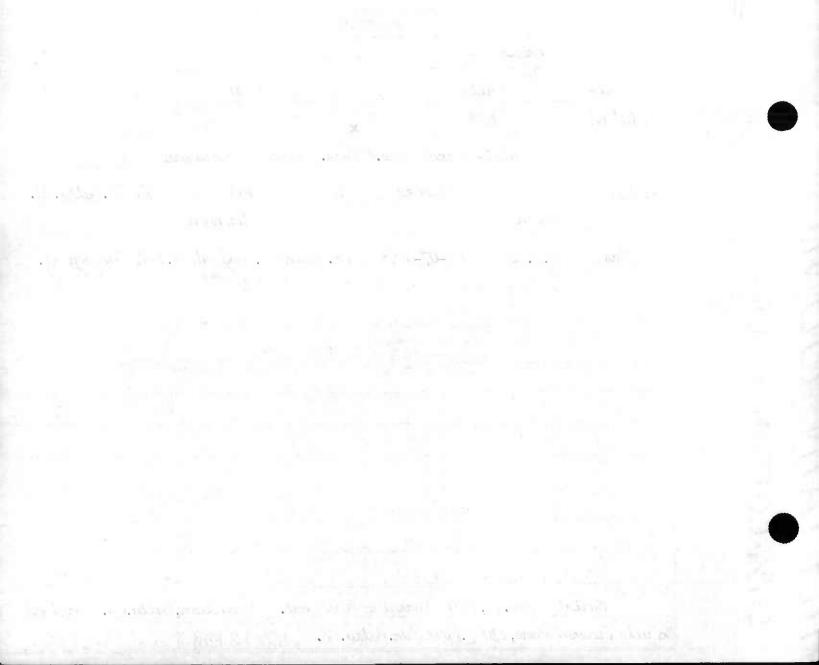
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Nov.), Theh Insurance neeches delethere, direct

Address Torror Ed estal toses, and. Moreon, M. 2020/ mar

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ôther retained by the haspital or attending physician.

11		FOR STATE REGISTRA	R		DEPARTMENT OF	TE OF MARYLAN HEALTH AND M FICATE OF DE	ENTAL HYGI	IENE 8 I	2	8	7 1
		DECEASED NA		WIDDLE		LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
y be ge 3 lepth		F A	CANK	rans T.	1	AINE			11 11	181	145 M
r. po	3	SEX		4 RACE	5. DATE	OF BIRTH	V5.10	6 AGE (IN YEARS LAST BIE	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
oge 7		M	ile	White	5	- 9	O /	80	YRS	NIHS DAYS	HOURS MIN.
de the Po	7	BIRTHPLACE	end	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRI WIDOW	ED NEVER MA	ARRIED -	BALTIMO BALTIMO	_	FDEATH	Y MD
rs öffer o	2	BALTIN	TORE	17. NAME OF HOSPITAL	NURSING HOME GIVE STREET ADDRESS) Cal (ONV.)	0 11 0		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ON OF WORKING LIFE	12b. KIND OF INDUSTRY	1110.
n 24 hou filled in hould be		SUAL RESIDENT 30. STATE	COUN		OR TOWN	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 1644 Shadi	ı Side	Rd.Bal	to.M.
ompletely ompletely ond 2 s		FATHER'S NA/	Unkno	AIDDLE	LAST	15 MOTHER'S A		Unknown		LAST	
be execu an and c	2 16	WAS DECEA: (YES, NO OR UNK	SED EVER IN U.S. ARA NOWN) (IF YES, GIVE	MED FORCES? 166 SOC WAR OR DATES) 078-	-07-6998	Ma Day		Woodard Si		Jackson	2 St.
g physical on paper emoval.		18 CAUSE PART 1.	DEATH WAS CAUSED	y ane cause per line far (c) BY: C CAUSE (a) C	ebral V as					APPROXIM BETWEEN OF	NSET AND DEATH
death ce attendin ave carb stian, or r raumatic		Condition	, it only, willen	DUE TO, OR AS A CO	onsequence of erios clero	tic Card	iovasc	ular D is eas	e		
that the d by the ease rem al, cremo			ta immediate), stating the cause last.	DUE TO, OR AS A CO	onsequence of	the Eso	phagu	5		8 m	onths
requires on signed Then plants to buri			HER SIGNIFICANT C	Onditions <u>Contribut</u>	ING TO DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
ion. The law in the law in the law in the permittiene prioritions any	7	19a DATE C	FOPERATION	19b. CONDITION FOR	R WHICH OPERATIO	N WAS PERFORA	MED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDING NG CAUSES C	GS USED OF DEATH?
ICIAN: The g physicia entificate to incl-transit into Hygie inch 18 sho			NT WAS UNDERLYING THE CAUSE OF DEAT STORY MEDICAL EXAMINER)	HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJU	IRY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
ottendin ter this o	7	21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f LOCATION		CITY OR TO	WN	COUNTY	STATE
TTENDIN spital or TTOR: Af for use o of Health		saw th	e deceased alive on_	Navember	10 81	nd that in (my) (or	19 -76 or) apinian de	ta Prese			ot (I) (we) last
HOSPITAL OR A ned by the has FUNERAL DIRECTLORECT IN BESTATE DEPT.		22b. SIGNA		Jamber	×0		ENDING YSICIAN 🗗	MEDICAL STAF	F IAN 🗌	22c. DATE SI	
TO HOSP retained I TO FUNE should be with the S IMPORTA	22		Gred H. To	wnshend, J	r. M.D.	14 E		ger Street	- Balt	o. Md.	21201
2 BP	2.4	(SPECIFY)	, , , , , , , , , , , ,	Vov. 14, 1981		e Park (emt.	Woodlawn,	Balto.	o. Mai	ryland
DHMH-16 50M 1/81 (VRA 15, 4)	n	Culty 1	Funeral Ho	me, 130 E.Fo	nt Ave. Ba	lto.Md.	NOV	12 1981	256. REGISTRA ASSILLED	R'S SIGNATUE	arthen



executed within 24 haurs often death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3		2	8	STROP.	7	C
	DEC NO					

1.	FOR STATE REGISTRAR			DEI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O REG. N	10.	8 1 /	C
	CEASED NAME	FIRST ELE/	,	MIDDLE	LANT	DEFELD	2a. DATE OF DEATH	MONTH DAY 11 18	8/ 2b. HC	JUB S
3, SE	Female	4	Cauc.		S DATE O	5/06 YEAR	6 AGE (IN YEARS LAST BI	YRS.		ER 24 HRS
5	Balto.		USA		WIDOWE		9 BALTIMORE CITY O	OR COUNTY OF	UNTY	MD.
10.0	TOWSON		MANEOF	OR C	THEE-	MUX-ON	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemak	OF WORKING LIFE)	2b. KIND OF BUSIN NDUSTRY	NESS OR
M	d.	Balto	THER INSTITUTION Y	130 CITY OF Ba	E BEFORE ADMISSION) E TOWN	13d. INSIDE CITY LIMITS? YES NO 🔼	13. SIREET ADDRESS 9502Perr	y Hall	Blvd,	Apt
(Oscar Rej			LAS		15 MOTHER'S MAIDEN NAME Emma Myer	S	Ind.	LAST	201
16a V	VAS DECEASED EVER (ES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)		SECURITY NO. 30-8205	deorge Lan		103 Fo	rk Rd	
NO	Conditions, if ony, gove rise to imm couse (o), stotin underlying cause PART 2. OTHER SIGN	nediote g the lost	(c)	R AS A CON	SEQUENCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	IDITION GIVEN I	N PART 1(o)	
CERTIFICATION	19a DATE OF OPERAT	TION	19b. CONDI	TION FOR W	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDINGS USE G CAUSES OF DEA	ATH?
MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WH AT WORK AT WOR	CAUSE OF DEATH CALEXAMINER) RED	P.J 21e. PLACE (M. MONTH M. OF INJURY	H DAY YEAR 19 DEFICE, FARM ETC.)	216. HOW INJURY OCCURR 216. LOCATION STREET	ED (ENTER NATURE OF INJU			STATE
	22a.1 certify that (I) saw the decease above, (I) (we) (d 22b. SIGNATURE	(this hospito	11/2		19 <u>8</u> , on	d that in (my) (our) opinion d		ote and hour and	that (1) I from the causes s 22c. DATE SIGNED	toted
	22d PHYSICIAN'S NA		rior) Liar P	arra		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN [11/18/8	
23a. E	URIAL, CREMATION, SPECBurial	REMOVAL	^{23b} DATE 11/2	1/81	Parkwo	METERY OR CREMATORY	Baltimo	re, Mđ°	UNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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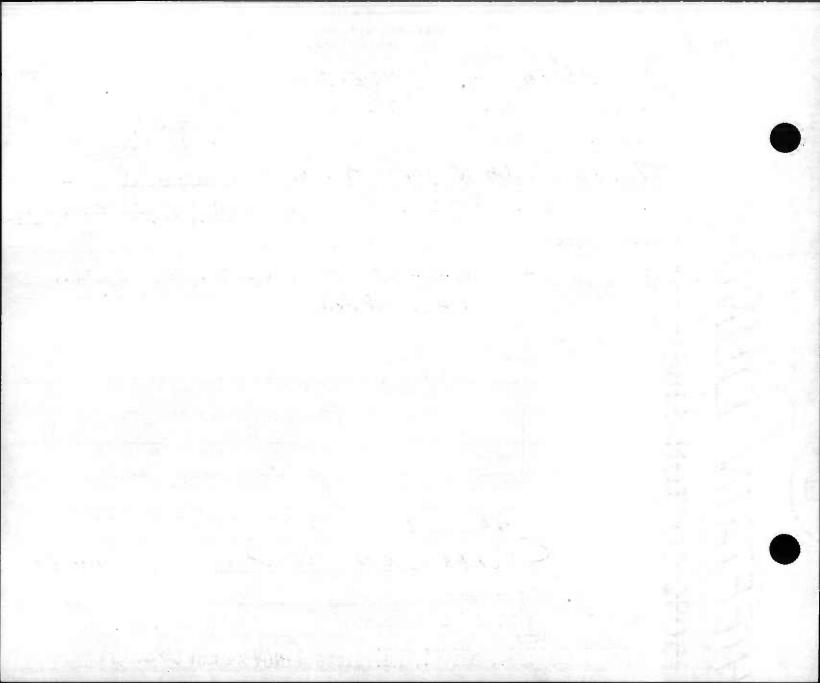
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

injury, ar other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

9705 Belair, Rd., Balto., Md. 21236

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



6			1 -	FOR - STATE REGISTRAR		DEPARTM	LENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 1	2	8	79
	. 22	. 1		CEASED NAME FIRST	MIDDLE			AST	20 DATE OF DEATH		AY YEAR	26 HOUR
	1 183	Υ			Frederick	LANGEN			November 8			5:40a м
	E / LAT	Į.	1 SE	X	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST I		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
				male	White		11	-13-1910	70	YRS		
	2 F 2	201	a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT		8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_	OF DEATH	
	deof	20		ryland	U.S.A	•	WIDOWE		Baltimore	County		MD.
	the fu	57	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT			OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
10	by the	3) 1	В	altimore				Hospistal	Caterer-		mploy	red
212	be in	og og		AL RESIDENCE (IF NURSING HOME OF		TY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Balt:	imore	Mary1
QN	filled ould	(C)	Ma			ltimo		YES NO TO	110 H Que	ens Pi	irchas	e Rd.
SYL/	and 2 sh	alue o	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA				
WA	and and	\$30	J	ohn	Lang	enfel	der	Elizabet	h	Bart	enfel	der
A.	es l	00		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECUR	RITY NO.	17 INFORMANT T	ADD	RESS 110	5 H. C	ueens
WO	Pages	medicol	()	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	3-05-	0938	Agnes W.	Langue fol	dor Pi	irchas	e Rd.
ON ST., BALTIMORE, MARYLAND 2120	th certificate nding physicic carbon paper.	natic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIATED)	D BY: TE CAUSE (D) Card DUE TO, OR AS A	io-pul	mona				APPROXI BETWEEN	MATÉ INTERVAL DISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	that the deo d by the otte lease remave ial, cremation	or ather traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUE	NCE OF	ic cardiovasc				
5, 2	igne en p	njury,	z	PART 2. OTHER SIGNIFICANT (INAL DISEASE OR CO	ndition give	N IN PART 10	
ORG	req ren s ar to		9			bral i				Ten server		
AL REC	an. has be	shaws any	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION F	OR WHICH (JPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NQ	IN CERTIFY YES	WERE FINDIN ING CAUSES	OF DEATH?
OF VII	SICIAN: 1 ng physici certificate prial-transitental Hygi	8 0		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	RT 1 OR PART 2)	
O	HYS nding his ca bur	ar Hem	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU			21f LOCATION STREET	CHYORI	OWN	COUNTY	STATE
N N	atter ter fl s the	rked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OFFICE, FA	RM, ETC)	SIKEEL	CITORI	OWN	(00141)	STATE
0	ortal ar TOR: Af far use o	21 is mork		220.1 certify that () (this haspe sow the deceased alive on above,) (we) (did) (did see	Nov 8	sed from S	eptor	d that in Dar (our) opinion	to Nov. 8			hot (we) lost
	has has hed hed ept.	If Item		22b. SIGNATURE	- view me body offer di	eom.		DEGREE			22c. DATE	SIGNED
	the Delay	±		Renald S.	I reellma	m Mi	D	ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN	11/8	3/81
	YERV VERV be d	AN.		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS			1 , , , ,	
	etained Should	MPORT		Ronald Frie	edman MD			9000 Frankli	n Square Di	·., 21	237	

23¢ NAME OF CEMETERY OR CREMATORY

Zion Church Cem.

9000 Franklin Square Dr., 21237

EMETERY OR CREMATORY BALLETIMOTE COUNTY Mary

Hurch Cem. Baltimore Mary

Pol. 125 Note Rec'd. By Registrar 356 Registrar's Signature

125 Note Rec'd. By Registrar 256 Registrar's Signature

126 Note Rec'd. By Registrar 256 Registrar's Signature

127 Note Rec'd. By Registrar 256 Registrar's Signature

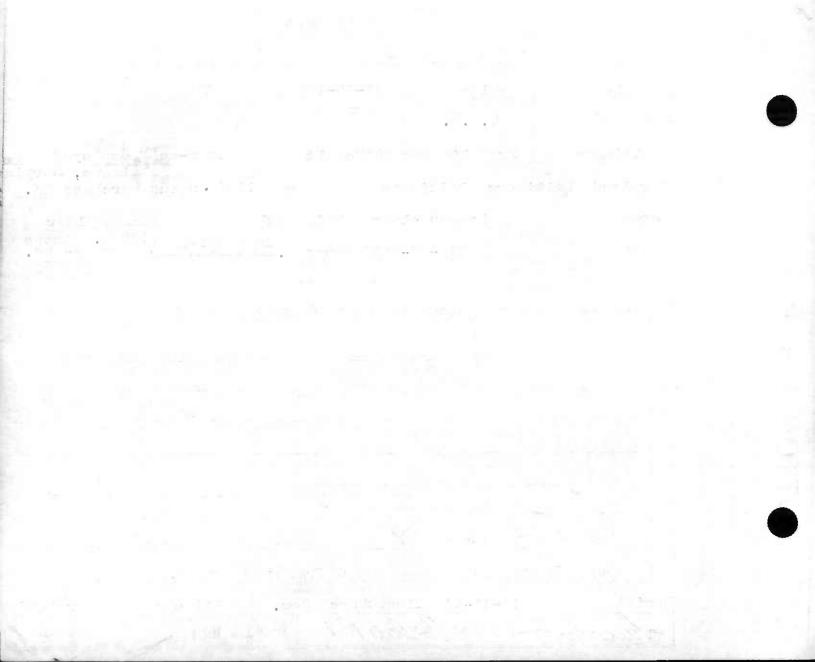
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129 Note Rec'd. By Registrar 256 Registrar 25

DHMH - 16 50M 1/B1 (VRA 15, 4)

11-11-81

230 BURIAL, CREMATION, REMOVAL Burial



ATTENDING PHYSICIA

TO HOSPIT

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9	
 The law requires that the death certificate be executed within 24 hours after death. Page 4 may be 	ifficial has been signed by the strending physician and completely filled in by the funer of premise, page 3. Then plean tempore amove carbon pages, Pages 1 and 2 should be filled within 72 Agus Affects. Hydine prior to build, crematide, or temporal.
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NG	free of he bus

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

8	i	2	8	Library	8	0
	REG NO					

I DEC					REG. NO).		
	CEASED NAME FRST	MIDDLE	LAST		24. DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
TITPE	ELIZABET	TH M.	LAWSON		NOVEMBER 4	, 1981		2:55P.
SE)	X	4 RACE	5. DATE OF B		& AGE IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
	+	WHITE	OCT.	18, 1907	74	YRS.		HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUN	A MARRIED WIDOWED	NEVERMARRIED D	BALTIMORE CITY OF	MORE CO		M
0 CI	TOWSON	11. NAME OF HOSPITAL, N INF. NOT IN SUCH FACILITY, GIVE DULANCY TOWN	IURSING HOME OR C	OTHER INSTITUTION	12e USUAL OCCUPATION THE HORK FOR MOST OF		126. KIND O	F BUSINESS OF
13a. S	AL RESIDENCE (IF NURSING HOME STATE 131 COL	OR OTHER INSTITUTION, GIVE RESIDENCY UNITY RECL HAP	CHESTER Y	INSIDE CITY LIMITS?	130. STREET ADDRESS	lanovi	ER P	PIKE
4. FA	HARVEY U	AVERD LA	in son	MOTHER'S MAIDEN NA	AMODIE		Fol	T
	WAS DECEASED EVER IN U.S. A YEL NO DE UNKNOWN) (IF YES, G	NE WAR OR DATES)	5-02677	DAVID W	LAWSON	SA	+ME	21/02
	4292	DUE TO, OR AS A SON						1
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	willent	u condiru	escular di	nox	~	
ATION	gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR COND			
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF	OT RELATED TO THE TERM		200. IF YES, WIN CERTIFYIN YES	ERE FINDING CAUSES	IGS USED
CAL CERTIFICATION	gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON (CONDITIONS CONTRIBUTION 196 CONDITION FOR W 1716 TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF G TO DEATH BUT NO WHICH OPERATION W	OT RELATED TO THE TERM	INAL DISEASE OR COND 200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	206. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CON (CONDITIONS CONTRIBUTION 196 CONDITION FOR W 1716 TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF G TO DEATH BUT NO WHICH OPERATION W H DAY YEAR 19	OT RELATED TO THE TERM	INAL DISEASE OR COND 200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b. IF YES, W IN CERTIFYIN YES T IN ITEM 18, PART 1	ERE FINDING CAUSES	NGS USED OF DEATH?
22,719	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTEY MEDICAL EXAMINE NOT WHILE AT WORK AT WO	DUE TO, OR AS A CON IC) CONDITIONS CONTRIBUTION 19h CONDITION FOR W 19h CONDITION FOR W 19h CONDITION FOR W 19h CONDITION FOR W 21h TIME OF INJURY HOUR A.M. MONTH H) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	SEQUENCE OF G TO DEATH BUT NO WHICH OPERATION W H DAY YEAR 19 21 OFFICE, FARM, ETC.) From JAN /	VAS PERFORMED THE HOW INJURY OCCURR	INAL DISEASE OR COND 200 AUTOPSY? YES NOS RED LENTER NATURE OF INJURY CITY OR TOWN	208. IF YES, WIN CERTIFYIN YES TIN ITEM 18, PART I	ERE FINDING G CAUSES OR PART 2) COUNTY	NGS USED OF DEATH? NO [1] STATE
22,719	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTEY MEDICAL EXAMINE NOT WHILE AT WORK AT WO	DUE TO, OR AS A CON 10) CONDITIONS CONTRIBUTION 19b CONDITION FOR W 19b CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, Co	SEQUENCE OF G TO DEATH BUT NO WHICH OPERATION W H DAY YEAR 19 21 From	PT RELATED TO THE TERM VAS PERFORMED IC HOW INJURY OCCUR! If LOCATION STREET 19 1962 And in (my) (aur) apinion of the company of the com	INAL DISEASE OR COND 200 AUTOPSY? YES NOS RED LENTER NATURE OF INJURY CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES IN ITEM 18, PART I	ERE FINDING G CAUSES OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) last causes stated

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR

MPORTANT: If Item 21 should be detached for with the State Dept. of

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THE RESIDENCE

ASHOUSE IN HOUSE SOURCE ASH IN THE ASSESSMENT

THE PART OF THE PA

ectal page 3

by the attending physician and campletely ase remove carbonpapers. Poges 1 and 2 sh

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbompape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow retoined by the hospital or attending physicion.

	STATE OF I
FOR	DEPARTMENT OF HEALT

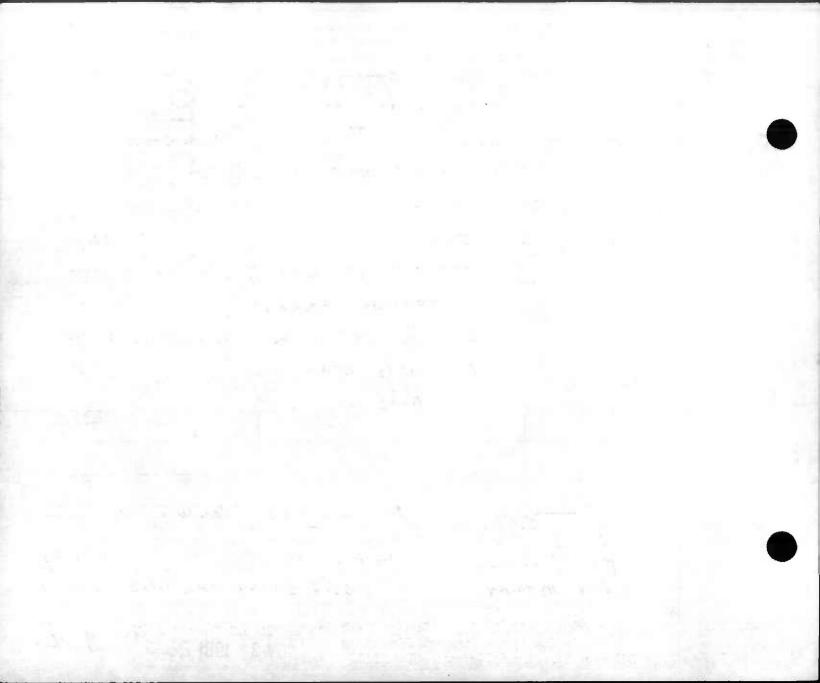
MARYLAND TH AND MENTAL HYGIENE

8

1'	REGISTRAR				CERTII	FICATE OF DEATH	REG	. NO.				,	
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY	YEAR	2b. HOL	IR	
1111	E	lizabe	eth 1	Thomas	Lea	verton	1000	11	01	81	4:4	3 ам	
3. SE	Х		4. RACE	-	5. DATE		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNE	DER VEAR	IF UNDER		
Female			W	rite	12	19 YEAR 14	66	YRS		DAYS	HOURS	MIN.	
7a. B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D XX NEVER MARRIED	9 BALTIMORE CITY			EATH			
/	New Je	U.S.A. WIDOWE				Baltimore County					MD.		
4	ndallstown	ATH	11. NAME OF HOSPITAL, NURSING HOME O AFROSIN SUCH FACILITY. GIVE STREET ADDRESS) Baltimore County Gener			or other institution	ution 120 usual occupation type of work for most of working life Homemaker				12h KIND OF BUSINESS OR		
USU	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	10000000	1110memares						
	MD MD	Balti	more	Villa No	ova	13d INSIDE CITY LIMITS?	3632 Sus	sex R	oad				
14 F	ATHER'S NAME FIRST	A	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LAS	ī		
	William		N.	Thomas		Edith				obin	son		
	WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		166 SOCIAL SECURITY NO. 17 INFORMANT Mr. R 213-10-1860 3632 Sussex			Robert L. Leaverton Rd., Baltimore, MD 21207					
CERTIFICATION	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) CARDIAC ARREST							-					
	conditions, if any, gave rise to imm	nediate	(b)_	CHRONI	60	BSTRUCTIVE	LUNG P	ISEA	S.R.	202	zr		
	couse (a), stating the underlying couse last DUETO, OR AS A CONSEQUENCE OF PULMONARY EMPHYSEMA							20 700					
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0												
	19a DATE OF OPERA	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION					200 AUTOPSY? 200. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES NO					H?	
GR	210. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCUR		-	8 PART I OF	PART 2)			
AL	OR CONTRIBUTING (HOUR A.		TEAK								
MEDICAL	21d INJURY OCCURE	RED 21e PLACE OF INJURY 21f LOCATION						TOWN	cc	YTMUC	S	TATE	
	22a. I certify that (I) saw the decease above, (I) (we) (c	ed alive on	Deloler	3/ 198	Dec.	nd that in (my) opinion	death occurred on the	dote and h	. 19 d		that (1) (*	-,	
	22b. SIGNATURE	an	lum		m		MEDICAL ST	TAFF SICIAN []	2	11-	SIGNED	/	
	LEON	- 1	HMAN			3907 6W	YNN OAI	e A	UE	21	20	7	
	BURIAL, CREMATION,		23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COLIN	ITY.	c	ATE	
	Cremata		11/2/8		udon.	Park Cremator		re Ci	ty	-	_	ÎD .	
	UNERAL DIRECTOR					tors 250 DAT	PREC'D. BY SECUSIR	SANCE	STAR	Handy	will	N	
87	28 Liberty	Rd.,	Randali	stown, Mi	D 21	133 NUV	4 1301	W. B.	0	5.5-5.00	(1)		

DHMH - 16 50M 1/B1 (VRA 15, 4)

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO) .		
		EASED NAME FIRST		MIDDLE		AST T FITTH A A T	10 01112 01 021111	MONTH DA		26. HOUR
L		XXXXXXXXXXXXXX RO	NALD S.	ETH XXX		XX LEHMAN	`	- ('		
	3 SEX		4 RACE	A _b	5 DATE C		6. AGE (IN YEARS LAST BIRT	- Comment	ONTHS DAYS	IF UNDER 24 HRS
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1 8		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
P Ced		MARY LAND	U.S.	Α.	WIDOWE		BALTIMORE	COUNTY	,	A
ou .			11. NAME OF			OR OTHER INSTITUTION	178 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			F BUSINESS O
200	F	RANDALLSTOWN		HERRYBROC		D	SCHOOL			UDENT
E	USUA 13a S	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION		ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET ADDRESS			
and and			IMORE	RANDALL			3827 CHERR	YBROOK	ROAD	21133
wexa.		THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
\$30			NIDDLE R.	LEHMAN		MARILYN	MIDDLE	LI	CHTSTR	AHL
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the	(Y	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	214-74-1	598	ALVIN R. LEH	MAN 3827 CH	ERRYBR	OOK RO	AD 2113
ent,		18. CAUSE OF DEATH (Enter and				1.12, 2.1				MATE INTERVAL
ic ev		PART I. DEATH WAS CAUSED	BY							
traumatic even		MEILS IMMEDIATI	E CAUSE (a)							
traum		Conditions, if any, which	DUE TO, O	R AS A CONSEQUE	NCE OF	L DYSAUT	ONONVIA			
other		gave rise to immediate	(b)							
ō		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
injury,		PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVE	N IN PART 10	31
any in	Z	TAN E OTHER SIGNATURE	<u></u>							
ws ar	AT	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
shows	IFIC		CONS	ENITAL	Sco	410815	YES T NOT	YES	ING CAUSES	NO []
00	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)	
Mental Hygi	-	OR CONTRIBUTING CAUSE OF DEA	IH	M. MONTH D, M.	AY YEAR					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	19	21f LOCATION			100	
marked	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOW	'N	COUNTY	STATE
isr		220 I certify that (I) (this haspit	al) attended th							that (I) (we) la
a 2		saw the deceased alive an above, (1) (we) (did) (did not	I view the hady	ofter death	, or	nd that in (my) (aur) apinian	death occurred on the do	ite and haur	and from the	causes stated
t te		27h SIGNATURE				DEGREE			22c DATE	
3 =	J	alma-	Hon	rolen	M.	D ATTENDING PHYSICIAN	MEDICAL STAP	IAN 🗌	11/2	1(81
ORTANT: If		224. PHYSICIAN'S NAME (TYPE OF				278 ADDRESS			. 0.	
ORTA		ALVIN A	STAN	BLER		19 WAL	CER AUT	PM12	mare	140.

23c. NAME OF CEMETERY OR CREMATORY

MIKRO KODES

23d. LOCATION

BALTIMORE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

MARYLAND

STATE OF MARYLAND

DHMH-16 25M (VRA 15, 4) 1/79 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

24 FUNERAL DIRECTOR

23b. DATE

SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

11-23-81

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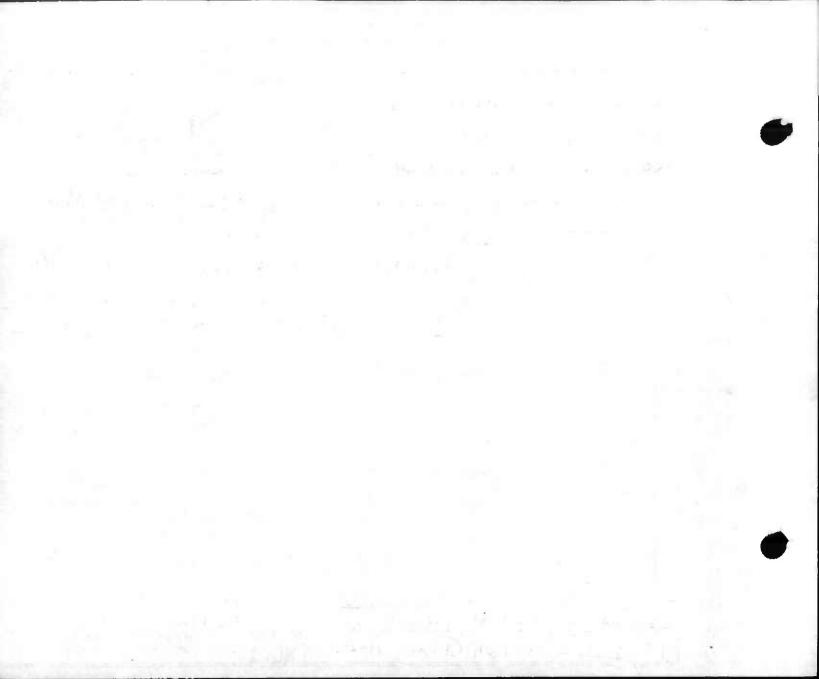
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	1.	FOR STATE	DEPA		EALTH AND MENTAL HYG	IENE 🚨 🖟	0 1 0 0
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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D L	3. SE	(14 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4		Female	White	Nov	. 24, 1897	83 YRS	MONTHS DATS HOURS MIN.
Poge		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
egth in the		Illinois	USA	WIDOWE		Baltimore C	ounty MD.
er d	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF E JINESS OR INDUSTRY
to solution		Cockeysville	The Broad			Homemaker	Own Home
be be	USU.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE 88	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
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uthin 2.sh 1in	14. F	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LAST
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d co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRESS	Balto.,
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leath ten ve ci ion, sumo		Conditions, if any, which	ASCI	10			
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equires that the death in signed by the attend Then please remave ca r to burial, cremation, a injury, or ather traumat	Ö						
bee mit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED
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N: The ysicion cate h cansit p Hygier 18 show	CER	210. ACCIDENT WAS UNDERLYING		DAV VEAD	21¢ HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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HYS nding bur 1 Me	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY DIFFLOWN /	COUNTY STATE
G P offer the street of and sked	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFI	(E, FARM ETC.)	3.11	/	F /
ar Africa		22a I certify that (I) (this hasp	ital) attended the deceased fro	m	11/ 10/77	10	19_d /, that (I) (we) lost
prtol TTEN TOR for u	34	sow the deceased alive a above, (1) (we) (did) (did n	1 19		d that in (my) (our) opinion o	death accurred on the date and ha	ur and from the causes stated
R A has hed hed ept.		22b. SIGNATURE	A J J J J J J J J J J J J J J J J J J J	[DEGREE		JZr. DATE SIGNED
Y the Oy the Cat Dideted		Walte	1 Nem	SIII	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	111/2/87
Sell P		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	I. Probaba	22e. ADDRESS		101
TO HOSPITAL retained by t TO FUNERAL should be det with the State IMPORTANT:		Dr. Walter	A. Hepner, II	I, M.	. The Bro	badmead, Cocke	eysville, Md.
of of shape with the shape of t	23a. E	URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	173d LOCATION	and the Allert A
BP	1	Cremation	11/14/81		Ridge	Pikesville,	Md. STATE
DHMH - 16.50M 1/81	24. FI		y W. Jenkins				TRAR'S SIGNATURE
(VRA 15, 4)	49	05 York Road	Balto., Md.	2121	2	10 1 10 138 W	me Jan Marthy

AND STATE OF THE S ieri I Forestrayer Lwn Fores Marylans Solitones Colores ille The Broadness William Neisoner Cortrule Cos 212 BA SOME Dr. Farmont E. Lannir Jr.

Dr. Walter A. Hapner, III, M.D. The Broads and, Cockeysville, Mr. Crambion 11 14/21 Unuid Ribes Hann W. Jankins & Sons Co. FEUS Yark Rost Balto., Nd. 21212

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	10	1-	STATE REGISTRAR			EXAMINE			_	REG.	NO.		•
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SI THE	18000 18000	10/6	Y OR TOWN OF DEATH	(IF NOT IN SI	HOSPITAL, NUI UCHAACILITY, GIVE S	RSING HOME, C		ITUTION		CUPATION (T WORKING LIFE)	YPE OF WORK	OR INDUST	ISTNESS RY
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F ANY DELAY IS NECES AND 3TO THE FUNE. REFAIN PAGE 5 FOR	TOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD IN STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OWITAL RECORD AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	130. S	ATE IS 131	HOME OR OTHER INSTITUTI	13¢ STY	. 0. 0	13d. INSIC	DE CITY LIMITS?	13e. STREET AL	DRESS?	Field	RAK)
. IF. 32,	AL R	14. F/	THER'S NAME	4.1.1.4	110	अवस्थि प		THER'S MAIDE	N NAME	, , , , , ,	rid CT CPE	///-	
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BALTIMORE, MD. 83 AFTER DEATH. II GIVE PAGES 1, 2,	VISIC		no	3,0112 11111 01121107	126	1410890	6	wyh	Levis	15301:	Syrunte	y lof Myst	
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ON STATE	VAL.			MEDIATE CAUSE (a)_	OR AS A GON	ule	1111	rear	edeel	Juga	releon	e Jee	BOOM
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUE RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PROED TO THE CHIEF MEDICAL EXAMINER ALONG W	ON, O	1	lying couse last	1 10									
EXECUTING.	AATIC	A 3	PART 2 OTHER SIGNIFICANT CONC	OITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TEO TO THE TERMINAL	OISEASE OR CONOT	TION GIVEN IN PAI	RT 1 (a).				
ECO SEDIO	ARALTI A	ON											
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R: TH NE. V	STA D, 21		22a. I certify that I taak	charge of the remain	s described abo	ve held as	Autopsy .	Inspection	Ing		and in my apin		
AN SER	OT N		death resulted from:	Marural causes	Accident	Suicid		Micide .	Undetermine		, and in my apin	ion	
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MEDIC CUTE 1	WOE WO	-	EXAMINER'S NAME				,,	/					
TO MEDIC EXECUTE PAGE 4 S	TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a BI	(TYPE OR PRINT)	VAL 23h DATE	[22- N	AME OF GOOD	ADDRESS		23d LOCATIO	M			
		-	REMATION	11-11-9		AME OF CHAPE	Lag J	(IOKI	CITY OF TOW	Lanca	John John	ing long ST	t
BP	H - 17	2/CF1	INE AL DIRECTOR			A		25a. DATE R	EC'D. BY REGIS	TRAR TO REC		MATURE	
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MCI	4/00		1/										



1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	8 1 8 5
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
	Cla		LIPS	November 15,	1981 5:05 P _M
3. S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
-	Female	White	1 23 89	92 YRS	TY OF BEATU
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	7b. CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED 🗶	Baltimore Cou	inty MD
Ba	alto. County	(IF NOT IN SUCH FACILITY, GIVE STREE Franklin Squa		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Nurse	12b KIND OF BUSINESS OR INDUSTRY Private duty
130	JAL RESIDENCE (IF NURSING HOM STATE 13b CC	DUNTY 10 13c. CITY OR TON Balto	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 7906 Dunhill C	ircle
14.1	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
00	IMUI	G. F. Lips	Katie Coy	zle	LAST
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
No		220-54-5	Kathy Shoul	ldice Balto	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse loly stating the underlying couse lost. PART 2. OTHER SIGNIFICAT	DUE TO, OR AS A CONSEQU	na of Bowel	MINAL DISEASE OR CONDITION G	IVEN IN PART I (o
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (1) (this has sow the deceased alive	ospital) attended the deceased from November 15 19	DEGREE ATTENDING	to November 15 death occurred on the date and ha	pur and from the couses stated 272. DATE SIGNED 11 / 15 / 8
1	M. A. Rash	dan	9000 Frank	lin Square Drive	, 21237
230	BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
7.4	Removal FUNERAL DIRECTOR	11/16/81	125a DA	TE REC'D. BY REGISTRAR 251 GIS	TRAC GENERAL MARIE COM
24.	NAME	ADDRESS P. 1 + 0	ALC:	V 2 0 1981 Tran	W. Janes
	Anatomy Board	Balto., 1	1110	7 20 1001	

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Dundalk, MD.

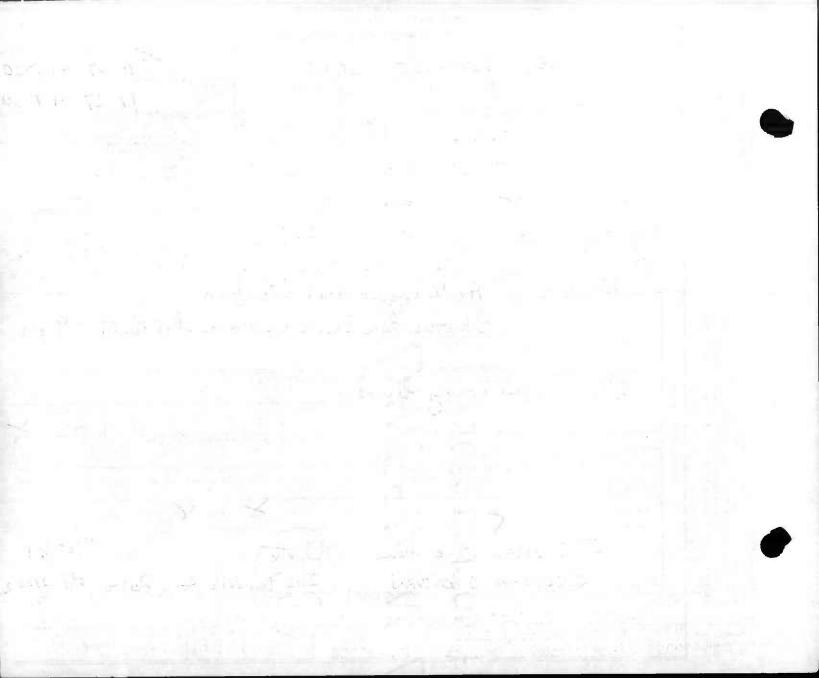
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR - STATE

Wise Avenue

15M 7/77



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HDSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

BP.

h. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 8 2

	' -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	o .		
. 1		CEASED NAME	FIRST		MIDDLE	Ĺ	AŠT	20	DATE OF DEATH	MONTH	OAY YEAR	26. HOUR
-	(1172	OR PRINT)	ANNIE		S.	I	ONDON		NOV	. 20	, 1981	636PM
	3 SEX	(4 RACE		5 DATE C		_	AGE (IN YEARS LAST BIRT	(DAY)	MONTHS DAYS	IF UNDER 24 HRS
		FEMALE		CAUCA	SIAN	July	26, 1903		78	YRS	MOIVINS DATS	MOUNTS MILE
-		RTHPLACE (STATE			WHAT COUNTR	Y? & MARRIEI	NEVER MARRIED		BALTIMORE CITY O			
		ENGLANI)	U.S.		WIDOWE	DIVORCED		BALTIMORE	COUN	ITY	MD.
6		TY OR TOWN OF	7.70	BALTIM	HOSPITAL, NURS HEACHITY, GMESTAL ORE COU		ROTHER INSTITUTION ERAL HOSPIT		USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE		FEI INDUSTRY	HOME
6	13e 5	AL RESIDENCE (II TATE ARY LAND	136 COUR		GIVE RESIDENCE BEF 134 CITY OR TO REISTE	OWN 1	134 INSIDE CITY LIMIT		street address 202 CHERRY	HILI	RD. #	21136
2		THER'S NAME FIRST		MIDDLE	SCHLESS	S	IS. MOTHER'S MAIDEN FIRST GERTRUDI	Е	WIDDLE	1	RESIDENCE	ANDER
	Ide W	VAS DECEASED I	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT MR.	. TRA	AVIS LEVIN	55		
		NO			166-01	-1883A	1409 GREEN	NWAY	RD., SWAR	THMOR	E. PA	19081
	CERTIFICATION		stating the cause last.	(c) CONDITIONS CO		O DEATH BUT	NOT RELATED TO THE T		L DISEASE OR CONT	20b. IF YE	VEN IN PART 10	NGS USED
	Ě				4				YES NO NO		S [NO [
1			AS UNDERLYING CAUSE OF DEA	1.0.00	M. MONTH	DAY YEAR	21¢ HOW INJURY OC	CURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, I	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OC	CURRED OT WHILE AT WORK	21r. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	1	CITY OR TOW	N -	COUNTY	STATE
	120	,			e deceased from		. 19_0	70	, to			that (I) (we) lost
		sow the de obove, (1) (v 22b SIGNATUR		t view the body	ofter death.		DEGREE				22c. DATE	
	8	-	17	- 5		/n		AN D	AEDICAL STAF	IAN	///-	21/6/
	0	JOS	S NAME (TYPE O				17 CHART	TLEY	PARK RD.,	REIS	TERSTOW	N, MD
	23e B	URIAL, CREMATI	ion, removal L	23b. DATE 11-22-			COB CONG.	ORY	FINKSBURG	CA	KKÖLL	MD
	24 51		o COL	NV INCOME	e physic	LAIC	25-	DATE DE	CID BY DECKETOAD	I DECLE	0 1 0/0 0 10 11 1 2	

DHMH-16 25M (VRA 15, 4) 1/79

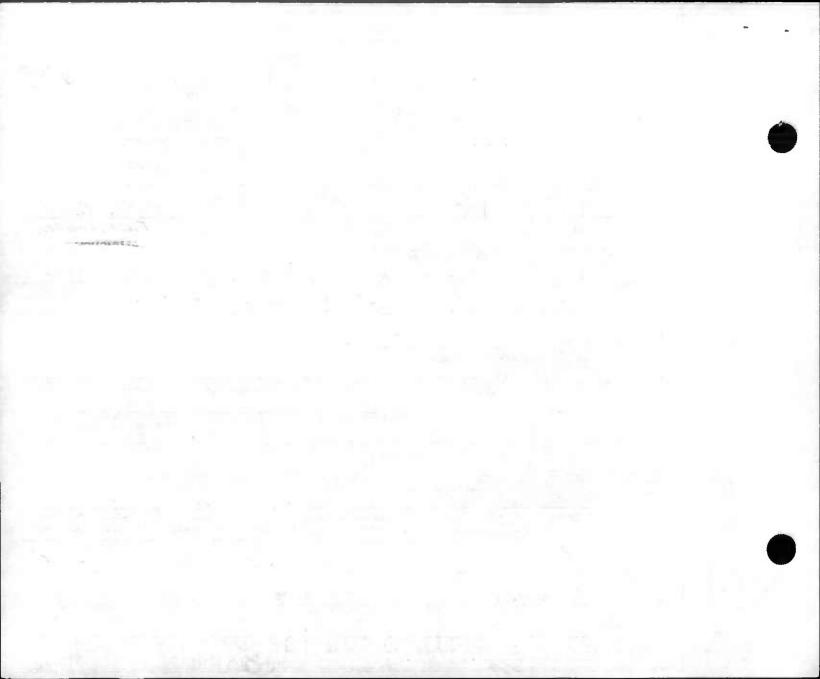
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours sitter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

UNERAL DIRECTOR SOL LEVINSON & BROS., INC.

21215

SIII. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tillied in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaurd be lawfith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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UNITED OF VITAL RECORDS, 201 W. PRESIDING ST., DALLIMORE, MANITANO 212.	AN: The law requires that the death certificate be exec obysician.
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STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOV 3 0 1981

	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2. 0		0 0
	1. DECEASED NAME FIRST MATILD	A A.		CHULCZ	November 2		YEAR B1	26 HOUR 4:13P _M
	Female	4. RACE White	May May		6 AGE (IN YEARS LAST BIRTHD.	MONTHS YRS	DAYS	IF UNDER 24 HRS HOURS MIN.
5	O. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	Baltimore city or o	OUNTY OF DE		
)	10 CITY OR TOWN OF DEATH 21239		NG HOME (Road	120 USUAL OCCUPATION TYPE OF WORK FOR WOST OF WI	ORKING LIFET IND	KIND OF	MD. F BUSINESS OR ning
2		rotherinstitution give residence before NTY. timore 21239		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 6810 Que	ns Fei	cry	Road
0	14 FATHER'S NAME FIRST Adam	Conrad		Lilly	WIDDIE	Ryr	nkow	ska
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE-WAR OR DATES! 216-18-		Edward J. I	Machulcz Ba	ilto.,	MD	21239
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ENCE OF	OF THE	Lung			monfles
		CONDITIONS CONTRIBUTING TO	01	SEASE				
	ANTENIOSO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20 IN YES NO	IL IF YES, WERE CERTIFYING C YES [AUSES	OF DEATH?
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. UIF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED	HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR 1	PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE, F	FARM, ETC)	21f LOCATION STREET	CITY OR TOWN		UNTY	STATE
1000	saw the deceased alive on	ital) ottended the deceased from 19 19 view the body ofter death.		, 19 75 nd that in (my) (our) aprinion a	to NOVEMBO	and hour and fr		
	Centle ony Ce	· Lewandowsh		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN			20-81
	ANTHONY A.	LE WANDOWSKI	-	7402 York	e Rd. Ton	USON MI	?d. 2	1204
	Burial, CREMATION, REMOVAL	Nov. 30, 181 S	acrec	EMETERY OR CREMATORY Heart of	Jesus Balto	. Count	MD	STATE

Johnson 8521 Loch Raven Blvd

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
William E

BP.

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by the attending physician and campletely filled in by the funeral dis

and Mental Hygiene prior to buriol, cremotian,

IMPORTANT: If Item 21 is marked or Item 18 shows ony

	STATE OF MARTEAN				
FOR	DEPARTMENT OF HEALTH AND ME				
STATE					
DECISTRAD	CERTIFICATE OF DE				

STATE OF MARYLAND

	T- STATE REGISTRAR		DEPARTA		ICATE OF DE			REG. NO.	2 0	û	0 /
	DECEASED NAME FIRST	MID	DLE	L	AST		20 DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR
Т	JAMIE	1	М	MAD	DEN			11	22	81	9:40F
3.	. SEX	RACE		S. DATE C			6. AGE (IN YEAR	LAST BIRTHDAY)		ERIYEAR	IF UNDER 24 HRS
1	FEMALE	WHITE	E	0 1		81	10	mo.	RS. 10	19	HOURS MIN.
7	BIRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WH	HAT COUNTRY?	8 MARRIEI	D NEVER MA	RRIED X	9 BALTIMORE	_			
1	Balto.	USA		WIDOWE	D DNO	RCED	BALTI	MORE	COUN	TY	MD.
10	TOWSON	1. NAME OF HO	JOSEPH			UTION	120. USUAL OCC (TYPE OF WORK FO			DUSTRY	on e
	JOUAL RESIDENCE (IF NURSING HOUSE OR OF OT OF OR OF OT OT OT OR OF OR OT		E RESIDENCE BEFORE		1 13d INSIDE CITY	LIAAITCO	13e STREET ADI	DECC			1221
	MD B6	2/10	ESSEX			10 💢		MIDDL	ESEX		
14	4. FATHER'S NAME	DOLE	LAST		15 MOTHER'S M		ME				
	Alan M. Mad		LASI		Lorr		Hess	IDDLE		LAST	
16	60 WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16	b SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRESS		21	221
L	(YES NOOR UNKNOWN) (IF YES, GIVE V	VAR OR DATES	none		Alan	M. I	Madden	729	Midd.	lese	x Road
F	18. CAUSE OF DEATH (Enter only	ane cause per lin	e far (a), (b), and	d (c)						APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		OVER	WHEL	MING SI	EPSIS					
1	7590		S A CONSEQUE							774	
1	Conditions, if any, which	((b) /	ASPLE								
Ŧ	gave rise to immediate cause (a, stating the	DUE TO OR A	S A CONSEQUE	NCE OF				- 11 3			
ı	underlying cause last	(6)	J A CO. 132 G O E								
L	PART 2 OTHER SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE O	CONDITION	GIVEN IN	PART I (a	
	NO.										
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORM	NED	200 AUTOPS		F YES, WER ERTIFYING YES []		GS USED OF DEATH? NO
		21b. TIME OF IN HOUR A.M. P.M.		Y YEAR	21c. HOW INJU	RY OCCURE	RED (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OF	R PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	- 13	CI	TY OR TOWN	CC	UNITY	STATE
	220 1 mustifus shoet (1) (ship borned)	l) assended she d	account from		-	10			10		

saw the deceased alive an above, (1) (we) (did) (did nat) New the body after death

ATTENDING PHYSICIAN

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

COUNTY

Maurice В. Furlong, M.D.

St. Joseph's

22e ADDRESS

23d LOCATION

(our) opinian death accurred an the date and haur and from the couses stated

p ⊢ ~ > <	230. BURIAL, CREMATION, REMOVAL
3P	Burial
,	Dairar

11-25-81 Meadowridge Mem. 3331 Brehms Lane 21213

23b. DATE

Md. Park

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

should be detoched for use os the with the State Dept. of Health and

Secretary of the second

ALL STATES OF STATES STATES

DALTHORE COUNTY

THE STATE OF THE SETS WISSELLEY

.ca xanaumini ach u x xmaa - i e

STORES STREET, STREET

A CHESTON

STEWART & MOWEN CO., 108 W. North Ave. 21201

MIDDLE

FOR - STATE

1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH-16 60M 1/73

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

2b. HOUR

1055

IF UNDER 24 HRS.

81

IF UNDER I YEAR

INDUSTRY

Jenkins

YES |

COUNTY

COUNTY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR ATURE

22r DATE SIGNED

DAYS

12b. KIND OF BUSINESS OR

Public School

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

STATE

STATE

20 DATE OF DEATH

CARLOS DE LOS ESTERAS

Duriel Court of the Court was regard to the Court of the

The law requires that the death certificate be executed within 74

ATTENDING PHYSICIAN:

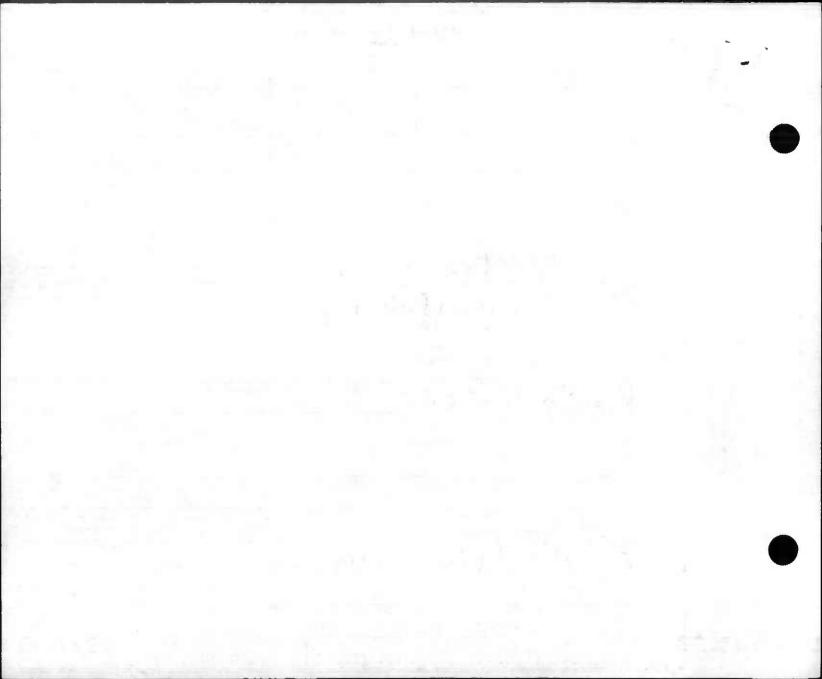
TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

L	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	REG. N		9 1
	CEASED NAME FIRST	MIDDLE		T NIONI	26 DATE OF DEATH		26. HOUR
	MARY			INOW	NOV. 22,		2:30 F
3 SEX	FEMALE	WHITE	JUNE	10,1888 YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	
	RTHPLACE (STATE OR FOREIGN OUNTRY) RUSSIA	USA	OUNTRY? I MARRIE	D NEVER MARRIED		R COUNTY OF DEATH E, BALTIMOR	E COUNT)
111	IKESVILLE	PIKESVILL	L, NURSING HOME C GIVE STREET ADDRESS) E NURSING		HOUSEWIFE	ON 12b. KING F WORKING LIFE) HOUSTE HOME	OF BUSINESS C
13a S	AL RESIDENCE (IF HURSING HEME OF TATE 134 COU ARYLAND	OR OTHER INSTITUTION, GIVE RESIDENTY 13t. CITY B	PENCE BEFORE ADMISSION) ALTIMORE	134. INSIDE CITY LIMITS? YES NO [LANE (2121	5)
14. FA	ATHER'S NAME ABRAHAM	ATK:	ı'ns	PESSIE	MIDDLE	U	NKNOWN
	NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) I IF YES, GN	VE WAR OR DATES	-18-9679	MRS. PHYLLIS	ADDRE NEUMAN 371		E (21215
	cause (a), stating the						
ATION	PART 2 O HER SIGNIFICANT	poidism.	TING TO DEATH BUT		AINAL DISEASE OR CONI		
RTIFICATION	PART 2 O HER SIGNIFICANT	CONDITIONS CONTRIBU	C H C	N WAS PERFORMED	200 AUTOPSY? YES \(\text{NOX(23)}	200. IF YES, WERE FINE IN CERTIFYING CAUS YES [DINGS USED ES OF DEATH?
CERTIFIC	PART 2 O HER SIGNIFICANT	CONDITIONS CONTRIBUTION FOR THE CONDITION FOR THE OF INJURY HOUR A.M. MO	C H C		200 AUTOPSY? YES \(\text{NOX(23)}	200. IF YES, WERE FINE IN CERTIFYING CAUS YES [DINGS USED ES OF DEATH?
CAL	PART 2 O HER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTION FOR THE CONDITION FOR THE OF INJURY HOUR A.M. MO	OHE OPERATION OF THE PRESENTATION OF THE PRESE	N WAS PERFORMED	200 AUTOPSY? YES \(\text{NOX(23)}	20% IF YES, WERE FINI IN CERTIFYING CAUS YES 12 Y IN ITEM 18, PART 1 OR PART 2	DINGS USED ES OF DEATH?
	PART 2 O HER SIGNIFICANT 190 DATE OF DERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DE CONTRIBUTING AT WORK A	CONDITIONS CONTRIBUTION OF CONDITION FOR THE CONDITION OF THE CONDITI	OR WHICH OPERATION INTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.] ed from 19 . or	21c HOW INJURY OCCUR 21f LOCATION STREET 19 and that in (my) (our) apinion	200 AUTOPSY? YES NOTE: RED (ENTER NATURE OF INJUR CITY OR TOW	20% IF YES, WERE FINE IN CERTIFYING CAUS YES YES ON COUNTY TO COUNTY THE ONLY IN THE ONL	DINGS USED ES OF DEATH? NO STATE -, that (I) (we) labeled to causes stated
MEDICAL	PART 2 OTHER SIGNIFICANT 190 DATE OF DERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTE'S MEDICAL EXAMINES 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK Sow the deceosed olive or above. (II) (we) (did) (did in 22b. SIGNATURE	CONDITIONS CONTRIBUTION FOR THE CONDITION FOR TH	OR WHICH OPERATION INTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.] ed from 19 . or	21¢ HOW INJURY OCCUR 21¢ LOCATION STREET 19 and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 3	200 AUTOPSY? YES NOTE: RED (ENTER NATURE OF INJUR CITY OR TOW	206. IF YES, WERE FINI IN CERTIFYING CAUS YES VIN ITEM 18, PART 1 OR PART 2 ON COUNTY Die and hour and from 11 22c. DA	DINGS USED ES OF DEATH? NO STATE , that (I) (we) la
MEDICAL	PART 2 OTHER SIGNIFICANT 190 DATE OF DERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTE'Y MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE SOW the deceosed olive or obove. (I) (we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE CAUSE)	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR THE PART OF INJURY HOUR A.M. MO P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTO STATE) attended the decease of the part of the body after decomposition of the body a	ON WHICH OPERATION INTH DAY YEAR 19 RY PRY, OFFICE, FARM, ETC.] ed from 19 19 10 10 10 10 10 10 10 10	21c HOW INJURY OCCUR 21f LOCATION STREET , 19 and that in (my) (our) apinion DEGREE	200 AUTOPSY? YES NOTA RED (ENTER NATURE OF INJUR CITY OR TOW death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20% IF YES, WERE FINI IN CERTIFYING CAUS YES YES YES ON COUNTY The ond hour and from the county of the coun	STATE -, that (I) (we) Iche causes stated TE SIGNED



should be detached for use as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled with the State Dept. of Health and Mantal Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

tor, page 3 after death

4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	**************************************	2	8	G.	25
CERTIFICATE OF DEATH		050 110				

/	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	2	8 1	9 2
-		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DA		8:40a
			IENRY	P		MALC		& AGE (IN YEARS LAST BI		UNDER 1 YEAR	M
	3. SE	Male	ľ	Whit	e	S. DATE C		75		INTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	(RTHPLACE (STATE OR FO COUNTRY) Virginia	PREIGN 7	b. CITIZEN OF V		TRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	_		MD.
3	11.	TY OR TOWN OF DEAT	TH 1			IRSING HOME C STREET ADDRESS! HOSPITAL	R OTHER INSTITUTION	120 USUAL OCCUPAT (1) Pt Of WORK FOR MOST Pipefitte:	ION OF WORKING LIFE)	126. KIND O INDUSTRY Martin	Marietta
1	13a. S	AL RESIDENCE (IF NURSIN STATE ryland	136 COUNT		13c. CITY OR TIMO	BEFORE ADMISSION) TOWN TIUM	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2029 Tree	Lane		
7	14_FA	THER'S NAME Patrick		nry 1	Malone		15. MOTHER'S MAIDEN NA Helen	Stella		Mille	r
		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	-	7-9582	Mrs. Laura	Virginia Ma		029 Tr	ee Lane
		Conditions, if ony, gove rise to imme couse (a), stating underlying couse PART 2 OTHER SIGNI	the lost.	(c)		EQUENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	IDITION GIVEN	N IN PART 10	
2	CERTIFICATION	19a. DATE OF OPERATE	ON	196. CONDI	TION FOR WI	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES □ NO ☑	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	NGS USED OF DEATH? NO
7		218. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEAT	HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	T 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC)	214 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		sow the deceased above, (W.(we) (die 22h. SIGNALIER	,			19 <u>81</u> , on	d that in (My) (our) apinion	to 11-9 death accurred on the d	, 19 ote ond hour o		1-1-5-3-
		22d, PHYSICIAN'S NAM	VE (TYPE OR	PRINT	gur	40	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA		11-	-9-81
		ROBERT S	STONE	R, M.D.			7620 YO	RK ROAD TOW	SON MD.	2120)4
	23a B	BURIAL, CREMATION, RIBERT Burial	EMOVAL	236. DATE 11-11-			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Phoenix		COUN Mary	land ^{ATE}

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

etained by the hospital or ottending physicion

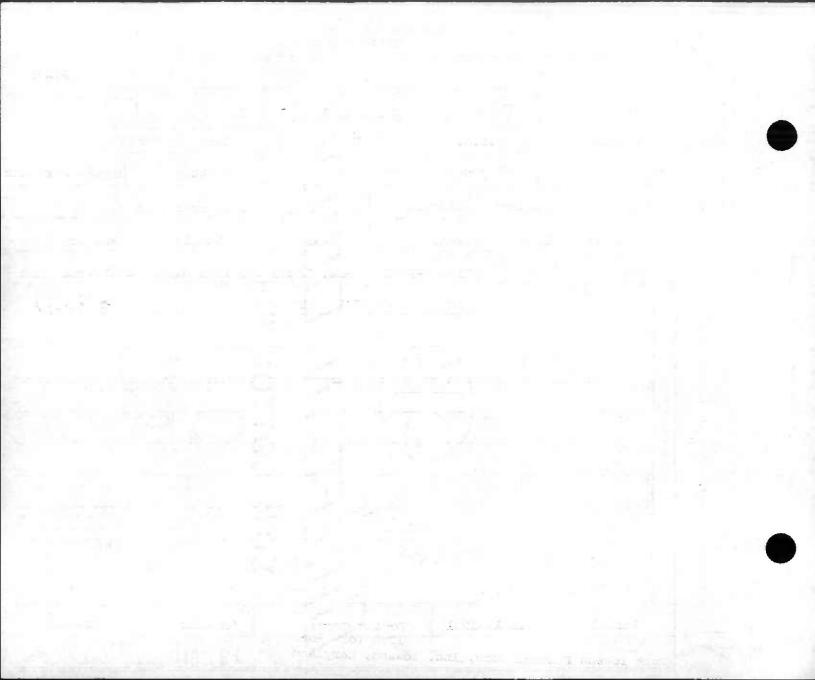
74 FUNERAL DIRECTOR 1050 YORK ROAD,
NAME
Ruck Towson Funeral Home, Inc. Towson, Maryland

Poplar Grove 1050 York Roads DATE REC

Phoenix

Maryland

BY REGISTRAR 256 REGISTRAP



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ATTENDING PHYSICIAN: The law requires that the death certificate the

TO HOSPITAL OR ATTER

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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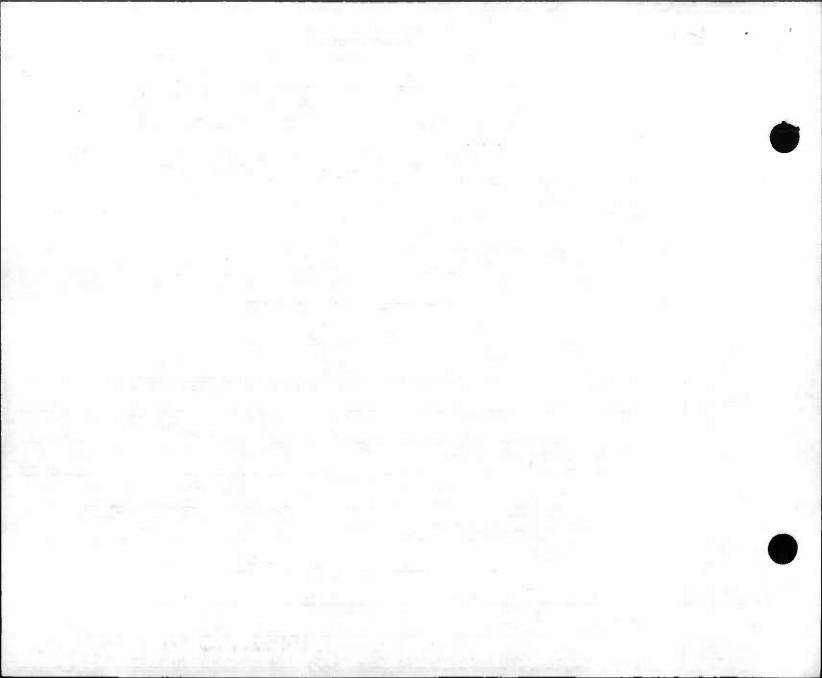
	REGISTRAR							R				
1 DE	CEASED NAME	FIRST		MIDDLE	U	AST	1	a DATE OF DE	ATH MON	TH DA	Y YEAR	2h HOUR
11176	- On CREAT!	ELEANO	2			DELL			NOV.		1981	3:05
3 SE	X	4	RACE		5 DATE O			AGE IN YEARS L	AST BIRTHDAY	_	ONTHS DAYS	IF UNDER 24 H
	FEMALE		CAUCA	SIAN	MAY	17, 19	918	63		YRS.	DAYS DAYS	HOURS M
C	IRTHPLACE ISTATE OF	FOREIGN 7	-	WHAT COUNTRY?	MARRIED	XX NEVER MARI	RIED []	BALTIMORE C	ITY OR CO	DUNTY	OF DEATH	
M	IARYLAND		U.S	S.A.	WIDOWE		CED 🗌	BALTI	MORE	COUN	TY	
	ITY OR TOWN OF D	EATH 1	I IF NOT IN SUC	HOSPITAL, NURSING	DDRESS)			2a. USUAL OCC	MOST OF WO	RKING LIFE)	12h. KIND C	F BUSINESS
	BALTIMORE	3	12 STON	EHENGE CI	RCLE,	APT. 2		HOUSEW	IFE		AT E	
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14. F/	NATHAN	MI	DDLE	BALLOW		15. MOTHER'S MA SOPHII			DOLE		INSEÎ	iT
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DHMH-16 25M (VRA 15, 4) 1/79

URIAL 11-22-81 BETH JACOB ANSHE VESHEAR CONG.

DIRECTOR SOL LEVINSON & BROS., INC. 1250 DATE REC'D. BY REG
6010 REISTERSTOWN RD., ADDRESS NOV 25 1

NOV 25 1981



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundable detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

4 may be

STATE OF MARYLAND

8	1	2	8	9	die d

1.	STATE REGISTRAR			CEKTIF	ICATE OF DEATH	DEC NO			
I. DF	ECEASED NAME FIRST		MIDDLE	1.	AST	REG. NO.	ONTH D	AY YEAR	2b HOUF
	E OR PRINT)	44-		Mana	u11 a				
2.05	Conce			Marz		6. AGE (IN YEARS LAST BIRTHO		F UNDER 1 YEAR	11:0
3 SE		4 RACE		5. DATE C	DAY YEAR	O. AUE (IN YEARS LAST BIRTHE		ONTHS DAYS	HOURS
	Female	Cauca		8	15 1884	97	YRS.		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR 6 Baltimo			7
10 C	Italy ITY OR TOWN OF DEATH		-	WIDOWE	DROTHER INSTITUTION	120 USUAL OCCUPATION			- DIIIC II 150
	Touson	(IF NOT IN SU	CH FACILITY, GIVE STREET	d Road		(TYPE OF WORK FOR MOST OF W Housewife	VORKING LIFE	12b. KIND O INDUSTRY	F BUSINES
13a. S	AL RESIDENCE (# NURSING HOM STATE 136 CC	e or other mistitution DUNTY altimore	136. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 118 Edgew	rood F	Road	
14. FA	ATHER'S NAME FIRST Dominic	MIDDLE	· Marino	0	IS MOTHER'S MAIDEN NAME FIRST Josephin	ME		Mari	no
	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	_	17 INFORMANT	ADDRESS	330		-
((YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	213-74-	5227	Mrs. Marga	ret McManus,	118	Edgewo	od Ro
	Conditions, if any, which gove rise to immediate	(b) <u>(</u>	OR AS A COMSEOU	0000	Min la	dioren.	wh		
IION	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, C (b) 2 DUE TO, C (c)	OR AS A CONSEOU	IENCE OF	NOT RELATED TO THE TERM		TION GIVE		
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DHMH-1650M1/81 (VRA 15, 4)

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retained by the haspital ar attending physicion

Michael P. Marzullo

238 Chartley Dr. 21136

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Michael P. supulio 238 Chambley or 21136

this certificate has been signed by the attending physician and cample

STATE OF MARYLAND

1	- STATE REGISTRAR		DEPART		ICATE OF	DEATH	REG. N	6	. 0	, 3
	ECEASED NAME FIRST		WIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(14)	Ann	E.	Matt	son			November	25.	1981	2:20 Am
3 5		4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	
	Female	Caucas	ian	MONTH 4	7	1911	70	YRS	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		S.A.	MARRIE WIDOWE		MARRIED D	Baltim	_	Y OF DEATH	MD.
	Baltimore	3829		all I	Road	NOITUTITE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF E.K.G.		IFE) INDUSTRY	rvisor
130	STATE Md.	THE THER INSTITUTION	13c. CITY OR TOW Batto	N	13d. INSIDE	№ □	13e. STREET ADDRESS 3501 St	. Par	ul Str	eet
14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER	'S MAIDEN NAM	WE		1.45	e T
	Attilio		'Amizia		Re	osa	Model	Am	broset	ti
1.00	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADDR	ESS	21204	
	no (PES NO OR UNKNOWN)	GIVE WAR OR DATES)	218-26-	7701	Mrs.	Elvira	a Horne,	1013		ewick
	PART I DEATH Enter PART I DEATH WAS CAUS IMMEDIAGE OF Conditions, if only which gove rise to immediate cause roll, stating the underlying cause last.	DUE TO, C	Metas ir as a conseque	NCE OF	Luv	y Ad	lencanci	'UOM		IMATE INTERVAL ONSET AND DEATH
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ontributing to [DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 10	0,
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	NGS USED OF DEATH?
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2	WHILE NOT WHILE AT WORK 220.1 certify the 11 this has sow the deceased always				uc	_, 198	to Now	24	19.81	that (1) (we) lost
	obove, [L/we) (did/did r	of view the body	otter deoth.		DECREE	ATTENDING	MEDICAL STAI	FF	22c. DATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

230 BURIAL, (SPECIFY) 23b. DATE

Loch Paven Blud, Batt 23d LOCATION CITY OF TOWN

Burial
24 FUNERAL DIRECTOR

Burial 11/27/81 Oaklawn Cemetery Baltimore.

24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256 PEGISTR

Zannino Funeral Home. 263°S. Conkling St. DEC 1 1981

E TO TO SECTION THE SECTION TO SE Mark Committee of the C literaciones ened sistemili cilifia 214-25-7701 trs. Latra versus, 1:1) respectful

All Andrews Constitutes and American State of the Constitution of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

retained by the hospital or attending physician.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

~		REGISTRAR XC 16621	MIDDLE	-	LAST	REG. NO	MONTH DAY YEAR	2b HOUR
	(TYPE	JAMES	WILSON	MAUL	TSBY	NOVEMBER L	, 1981	12:45
	3. SEX	(4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER I YEAR	HOURS MI
1		MALE	WHITE	FEB	RUARÝ 5, 1926	55	YRS DAYS	HOURS MI
V	(RTHPLACE (STATE OR FOREIGN OUNTRY) NORTH CAROLINA	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF		
23		FORT HOWARD	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE V.A.M.C., FORT	HOWAR		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Steel Wor.	WORKING LIFE) INDUSTRY	OF BUSINESS (
2	13a S	MARYLAND 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 136 CITY OR TO BALTIMOI	WN	YES 🛣 NO 🗌	3109 TYND	LE AVENUE	
	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	LA	ST
UC	17. 50	Frank	S. Maults		Annabel	le ADDRE	Bruto	n
2	-0		IVE WAR OR DATES!		17 INFORMANT			164 7377
d	I	ES WW	II 244 32		CLINICAL RECO	ORD, VAMC, E		MARY LE
any injury, or other froumo	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	DEATH BUT		INAL DISEASE OR COND	20b. IF YES, WERE FINDI	NGS USED
MO	TIF					YES NO	YES	NO [
9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART I OR PART 2)	
rked or	MEDICAL	Z1d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR TOW		STATE
m 21 is mo		sow the deceased alive or	OVEMBER 4 19 ot) view the body ofter deoth.	81	nd that in (my) (our) opinion of	, to NOVEMBER	e and hour and from the	
÷		22d PHYSICIAN'S NAME CTYPE	4 Sles Hung		ATTENDING PHYSICIAN	MEDICAL STAFI DIRECTOR PHYSICI		/81
Z —					TTARA TARA		T 13TD 07 0 7 0	
ORTANT:		PO HST.II HIINC	. M.D.		I V ANC: WITHIN L	(UMVBI) MYDA	LAND DINE	
MPORTANT	73a B	PO HSLU HUNG URIAL, CREMATION, REMOVAI SPECIFY Burial		NAME OF C	VAMC, FORT E	123d LOCATION	LAND 21052	

Note of the last on the proof

3	FOR 1 - STATE REGISTRAR	
V	KEOISTKAK	

deoth

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CEKTIFI	CAIL OF DEATH	REG. N	0.		
DECEASED NAME	FIRST BENT	TO4 A.	M 6	BEE	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
3. SEX	4 RACE		5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS.
Male	Whit	te	Aug.	3,1924 YEAR	57	YRS	15 DAYS	HOURS MIN.
70. BIRTHPLACE (STATE ORI		WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City of		DEATH	WI
Randallstown	-/ IE NAC TAIN ST	HOSPITAL, NURSING		OTHER INSTITUTION	120 USUAL OCCUPATION OF THE COUNTY OF THE CO		BUST 01	BUSINESS OR
USUAL RESIDENCE (IF NURS 130 STATE Md.	13b Balto.	GIVE RESIDENCE BEFORE A 13 CITY OR TOWN Owings M		134. INSIDE CITY LIMITS?	13. SIREEI ADDRESS 5 Trolod	Court		
Benton	MIDDLE	McBee		15. MOTHER'S MAIDEN N Naomi	Appleb	у	LAST	
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECUR 218-18-8		Mrs. Mary A.	McBee Ow		ls, M	ld.
18 CAUSE OF DEAT PART 1. DEATH W	H (Enter only one cause pe 'AS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (0), (b), and	Care	cho-pulm	my am	ent	APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
Conditions, if ony, gove rise to improve (o), stotin underlying couse	DUE TO, C which (b)_ mediate lig the DUE TO, C		CLC	de MJ				
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190 DATE OF OPERA	TION 196. CONE	DITION FOR WHICH O	PERATION	WASPERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDING CAUSES O	SS USED OF DEATH?
OR CONTRIBUTIONS (CAUSE OF DEATH HOUR A	DF INJURY M. MONTH DAY '.M.	YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TO	OR PART 2)	
(IF EITHER, NOTIFY MEDIX 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK	(AT HOME, ST	OF INJURY IREET, FACTORY, OFFICE, FAR		21f. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
220.1 certify that (I)	(this hospital) attended t	he decensed from	11-	U - 10 8	1. 11-3	- 10 8	16	et (1) (we) lest

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL IS Burial

22a.1 certify that (I) (this hospital) attended the deceased from

23b. DATE Nov.9,1981

231. NAME OF CEMETERY OR CREMATORY Loudon Park

23d LOCATION
Bullimore, Md. COUNTY

STATE

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is

should be detached for with the State Dept. of I

and Mental Hygiene prior

24 FUNERAL DIRECTOR

Eline Funeral Home Reisterstown, Md. 21136

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

. TEATLO FEET INVESTIGATION OF THE STATE OF TH minima inter-

Fin unnulled Neiswortens, N. Shin

(· 2)

OTISION OF THE RECORDS, AND THEST ON ST., BARLINGER, MARKEDING ALLON	At RECORDS, 4		NE310		mone, m			
ITAL CATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after deaty the hospital or attending physician.	The law requires cion.	thot th	e deoth	certificate	be executed	within 24	hours	fter de

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corbon popers. Pages), or removal.

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should be detached for use as the buriol-transit permit with the Stote Dept of Health and Mental Hygiene prior

TO FUNERAL DIRECTOR.

DHMH-16 20M

(VRA 15, 4) 7/78

BP.

If Item 21 is marked or Item 18 shows

MPORTANT

signed by the attending physician and

certificate has bee

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or other troumatic

MEDICAL

1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO.							2	8	- Search	8		
	CEASED NAME	FIRST		AIDDLE		AST		20 DATE OF D	EATH MON	NTH DAY	YEAR	26. HOUR	
		HALL	·E	P	Mc	COMA	S		11-2	73 -	1981	6	PM
3 SE	Fema		RACE Whi	te	Oct.		1886	6 AGE (IN YEAR)	S LAST BIRTHDA		UNDER 1 YEAR	HOURS	4 HRS
	RTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?				1 BALTIMORE	CITY OR C		FDEATH		
С	Maryla	and	US.	A,	WIDOWE		MARRIED X	Balti	imore	Cou	nty		MD.
IBLCITY OR TOWN OF DEATH Catonsville USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE USUAL RESIDENCE			H FACILITY, GIVE STREET	ADDRESS)	ROTHER IN: Home	NOITUTIT	12r USUAL OC ITYPE OF WORK FO Hom		RKING LIFE)	INDUSTRY	obbusines n Hon	//	
13a S	al residence (# State Ma r ylanc	136 EOUNT		GNE RESIDENCE BEFOR 13mCITY OR TOW Catons	N	134 INSIDE	NO K	13. STREET AD 333 H	oress la rl en	n Lai	ne #2	21228	
14. F./	THER'S NAME		DOLE	LAST			S MAIDEN NAM		WIDDLE		LA		
	George			McComa:			rginia				Mer	cer	
	WAS DECEASED E YES, NO OR UNKNOWN			166 SOCIAL SECU	RITY NO.	17 INFORM			ADDRESS				
	No			216 46	9915	Joh	1 P. 0	'Ferral	ll, Ba	alto.			
	PART I. DEAT	H WAS CAUSED IMMEDIATE ony, which	CAUSE (0)	RAS A CONSEQUE	erotic	Card	ianam	la d	Seas	٠.	APPROX BETWEEN	MATE INTERV. ONSET AND D	AL EATH
	gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF												
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							0 '	-					
CERTIFICATION	19a DATE OF OP	ERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERF	DRMED	200 AUTOPS			IG CAUSES	NGS USED OF DEATH NO	?
CAL CER	216. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTEY MEDICAL EXAMINER) P.M. 19					21c HOW II	NJURY OCCURR	ED (ENTER NATUR	E OF INJURY IN	ITEM 18, PART	OR PART 2)		

19a DATE OF OPERATION	19b. CONDITION FOR WHIC	HOPERATION	J WAS DERECTARED	20g AUT	OPSY2 286	IF YES, WERE FINDIN	ICS HEED
THE DATE OF OFERATION	178 CONDITIONATOR WITE	II O' EKA I O'	TORMED	200 701		CERTIFYING CAUSES	
				YES 🗌	NO	YES	NO 🗌
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER N.	ATURE OF INJURY IN IT	TEM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR					
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M	19					
214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STA

22a | certify that (1) (this haspital) attended the deceased from _, that (I) (we) last sow the deceased alive on above, (1) (we includ) (did not) view the body offer death. and that in (my) (ever) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226 SIGNATURE ATTENDING PHYSICIAN MEDICAL STAFF

22e ADDRESS 274 PHYSICIAN'S NAME (TYPE OF PRINT)

1600

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 11/28/81

231. NAME OF CEMETERY OR CREMATORY Lorraine Park

Balto.,

DIRECTOR PHYSICIAN

COUNTY Md.

24 FUNERAL DIRECTOR W. Jenkins & Sons Co. Henry 21212 4905 York Road Balto., Md.

250 DATE REC'D BY REGISTRAR 258 REGISTRAR SIGNATUR NOV 3 0 1981

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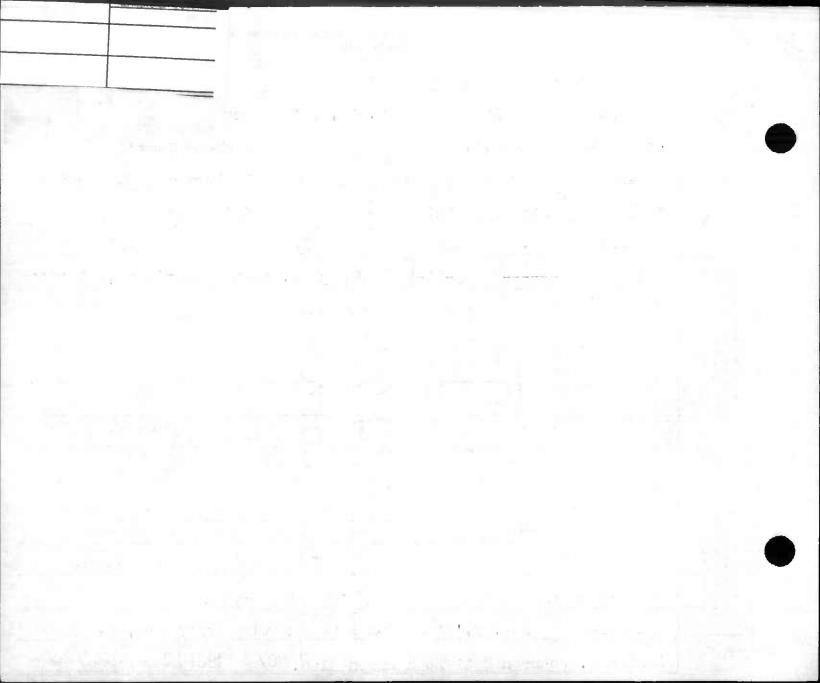
DIVISION OF V	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	×	PRESTON ST	r., BALTIMORE	, MARYLAND	121201		
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Finge a retained by the hospital or oftending physician.	AN: The low requires hysician.	thot t	he death cert	nficate be exec	oted within 24	hours offer	denth. P	4000
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral and should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours, with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.	ficote has been signe fronsit permit. Then pl Hygiene prior to bur	d by the	he attending emove carbor motion, or rei	physicion ond in popers. Pages movel.	completely fille	ed in by the	fumeral a thin 72 h	
IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, ar other troumatic event, the medical examiner must be notified at access	18 shows ony injury, s	or othe	r troumatic ev	vent, the medico	of exeminer my	st be rotifue	d observe	1

	FOR 1 - STATE REGISTRAR	DEPART	8/79							
	I DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	Helen	J.	N	1cFarland	11 4	4 81 2:15 PA				
1	3. SEX	4. RACE	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS				
	Female	White	Oct	. 26, 1921	60 YRS.	MONTHS DAYS HOURS MIN.				
4	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
l	New York	U.S.A.	WIDOWE		Baltimore County	у ма				
í	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR					
			harles	St. 21204	Bookeeper Accounting					
	USUAL RESIDENCE (# NUR COL 13a. STATE COL Maryland Ba.	or other institution give residence befounty 13c city or too 2123		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1719 Weston	Avenue				
	14. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME Salisbury					
7	William	D. Morrow	7	Helen						
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY		17. INFORMANT	ADDRESS					
	No -	P95-12-	1894	Joseph A. 1	Lester Baltimo	imore, MD 21234				
		anly ane couse per line for (a), (b), o SED BY: ATE CAUSE (a) <u>Cardio</u> Ro		tory Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	1809	DUE TO, OR AS A CONSEQU	JENCE OF e Carc	inoma of the	Cervix					

		N U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT			ADDRE				
	NO OR UNKNOWN)		095-12-1894	Joseph	Α.	Lester	Ba.	timor	e,	MD	21234
	PART I. DEATH WA	AS CAUSED BY: MMEDIATE CAUSE (a) DUE TO, C which ediate (b)	r line for (a), (b), and (c). Cardio Respira OR AS A CONSEQUENCE OF Extensive Carc OR AS A CONSEQUENCE OF			Cervix			APP BETW	PROXIMA EEN ONS	TE INTERVAL SET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WE								WERE FIN	NDING	S USED
TIFIC	YES NO YES							G CAUSES OF DEATH?			
	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21c HOW INJURY	OCCU	RRED (ENTER NATUR	E OF INJUR	Y IN ITEM 18, PAR	I I OR PART	(2)	
MEDICAL	21d INJURY OCCURRE	E (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		C	CITY OR TO	wn	COUNTY		STATE
	saw the deceased	this hospital) oftended the delive an 11/4	1981_ an	, 19 ad that in (my) (<u>aur)</u>	81 opinio	, , , ,	1/4 on the do		81		t (I) (we) lost uses stated
	278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE PHYSICI								4/8		
		Wetchler, M	.D.	6701 N.	Ch	arles St	. 2	1204			
C	SURIAL, CREMATION, R SPECIFY) remation		7, 81 Loudor	emetery or crem 1 Park C	eme	etery Ba	ilti	more,	Ma	ryl	and
	INERAL DIRECTOR	Johnson 8	521 Loch Ray	1000000		OV 6 19		ASS. REGISTRA	NS SIGI	NATUR	arthen

DHMH-16 30M 2/80 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 becompiter death. Fagir retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filed then the tuneral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pager, I and I thank termine within 72 haust with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
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	A AT	RECT ed f	e B
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Intertained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked at Item 18 shows any injury, ar other troumatic event, the medical examiner in the beneathed as
	PITA	JERA Stot	Z-
	HOS	FUN Bld t	ORT
	To ota	Or ods	₹-

	STAT	TE OF M	ARY	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

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	1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF D		IENE B I	2 No.	8 2	2 0	1
		CEASED NAME OR PRINT)	GERT	RUDE N	MCVEY		AST		20 DATE OF DEATH	11/1	16/81	26. HOUR 8:15	P _M
	3. SEX	Female		RACE Whi		5. DATE (YEAR 1900	6 AGE (IN YEARS LAST E	YRS.	IF UNDER I YEAR	IF UNDER 24 HI HOURS MI	
3	C	RTHPLACE (STATE OR FO	a	US		WIDOWE		ORCED [TOWSON				
8		BALT I MOR	E	6701" S	HOSPITAL, NURSIN CHARLE	S ST		MYRE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
5	13a. S		136 COUNT Bal	THER INSTITUTION.	GIVE RESIDENCE BEFORE 136 CITY OR TOWN TOWSON		13d. INSIDE CI		13e STREET ADDRESS	Green	view Te	er.	
Ĉ	14. FA	THER'S NAME Frankli		DDLE	Meyer		15. MOTHER'S	maiden nan e l en	WIDDEE		Hill ^s	1	
10		VAS DECEASED EVER I (ES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	168 05 88		Patri		ADD Vey Cahill		apelwoo	od Lane	3
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF											
	TION	CONGES	TIVE	HEART	FALLUR	E			INAL DISEASE OR CO				
7	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATIO						IN CERTIFY YES	, WERE FINDIN YING CAUSES				
1	MEDICAL CE	21a. ACCIDENT WAS UNDE OR CONTRIBUTING . C. (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	P	M. MONTH DA	Y YEAR							
	MED	21d INJURY OCCURR	k 🗌		REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATIO STREET	81	NOV 1	OWN	COUNTY	STATE	
		270. I certify that (I) (saw the decease abave, (I) (we) (di 27b. SIGNATURE	d alive on id) (did not)	view the body		81_,。	DEGREE	ITENDING HYSICIAN	, to	AFF			ost
		DR KE					22e. ADDRESS						
		URIAL, CREMATION, F	REMOVAL	23b. DATE 11/19			emetery or c		23d. LOCATION CITY OF TOWN COCKEVS	7ille	COUNTY	STATE	

DHMH-16 30M 2/80 (VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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or other troumatic event, the

and Mental Hygiene prior ta buriol, cremotion, or removal injury,

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should be detached for use as with the State Dept. of Health

OR ATTENDING PHYSICIAN: The low

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR			CERTI	ICATE OF DEATH	REG. NO).		
1. DECEASED NAME FIRST		MIDDLE	i.	AST			DAY YEAR	2b. HOUR
	garet P	opplein	MEB	ANE	Nove	nber	8,1981	3:30 A
3. SEX	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Whit	e	Oct.		83	YRS.	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8	= =	9 BALTIMORE CITY OF		OF DEATH	
Maryland	U.S	. A .	WIDOWE	D NEVER MARRIED L	Baltimo	ore Co	ounty	MD
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N	12b. KIND O	F BUSINESS OR
Lutherville		ch Facility, Give STREET /			Libraria		,	paper
USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION				Livialia	.1	MEM2	paper
Marvland Bal	Ltimore	Lutherv		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
14 FATHER'S NAME	CIMOLE	Lucherv	IIIe	YES NO 12	300 W. Sen	IIIIIIII	Avenu	е
FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	
William	P.	Hall		Amelia			Dry	den
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Neph	ew: ADDRES	SS		
No	ONE WAR ON DAILS)	213-03-2	2332	J.M. Dryden	Hall, Jr., 19	26 Rt	exton R	d. 21204
	(b)		NCE OF	NOT RELATED TO THE TERM				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH	OPERATIO:	N WAS PERFORMED	20a. AUTOPSY? YES NO	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?	
	DEATH HOUR A		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, P	ART I OR PART 2)	
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	- H	COUNTY	STATE
22a. I certify that (I) (this he saw the deceased alive abave, (I) (web) (alice) (did 22b. SIGNATURE)	on NOV	7/L 19 Q		d that in (my) (toor) opinion of	to NDV . death occurred on the dot	e ond hour		

22e ADDRESS 1205

23c. NAME OF CEMETERY OR CREMATORY

Security Process

TO FUNERAL DIRECTOR: O HOSPITAL BP.

DHMH - 16 60M 7/73 (VR A 15 (4))

11/9/1981 24 FUNERAL DIRECTOR
STEWART & & MOWEN CO., 108 W. North Ave. 21201

23b. DATE

22d. PHYSICIAN'S MAME (TYPE OR BAINT)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

23d LOCATION CITY OR TOWN Catonsville

STATE COUNTY

BY REGISTRAR 25h REGISTRAR'S SIGNATUREMENT 2 1981 Courses January 25a. DATE REC'D.

ALLES HISTORY IN THE The art and the same of the sa ronks spalls: Literatus mark to all the common of the contract of the character than the partition Apply the section of the property are greatly delibered. STERNAST & No. 10 to 1. North ave. 2020 1 Thorsensh

5130 Wis. Ave. N.W. Wash., D.C. 20016

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

2b. HOUR

126 KIND OF BUSINESS OR

Radio-Engineers

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STATE

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN

22c. DATE SIGNED

IF LINIDED 24 MDS

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DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

- STATE

REGISTRAR

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DECEASED NAME

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_	-	A COMPANY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR								REG. NO.				
1		CEASED NAME	ELEAN	IOR	B.	4	SICK		2a. DATE OF DE	1 1	19	* 8 1	2b. HOU	
	3.5E)	Y.		4 RACE	-		OF BIRTH		6. AGE (IN YEAR			DER I YEAR	IF UNDER	771
		FEMAL	Ε	WHI	TE	18	- 20-	1911	70	YR			HOURS	MIN.
5		IRTHPLACE (STATE COUNTRY)	and a	76. CITIZEN C	S A	UNTRY? 8. MARRII WIDOW	ED NEVER M.	ARRIED -		MORE C				MD.
0		TOWS ON	DEATH			NURSING HOME	OR OTHER INSTIT		12a. USUAL OCI	CUPATION R MOST OF WORKIN		b, KIND O DUSTRY	F BUSINE	
5	USUA 13a. S	AL RESIDENCE (18	NURSING H	стны матиоті НТУ	ON, GIVE RESIDEN	OR TOWN		10 🗆	13e. STREET ADI	DRESS EA	STE	RN	A)=
0	333	PAU	_	MIDOLE S	VG/A	SKV	15. MOTHER'S	HOWS I		AIDOLE	UR)	COUL	m)	
2		WAS DECEASED E YES, NOTOR UNKNOW!		MED FORCES E WAR OR DATES		15-2720	17 INFORMAN	A SI	mit	ADDRESS / / / / /	MAG.	/an	HA 1	1061 90E
-	CERTIFICATION		immediate stating the cause last.	DUE TO, (c).	OR AS A CO	NSEQUENCE OF NG TO DEATH BU	I NOT RELATED T	O THE TERMI	NAL DISEASE O	PR CONDITION Y? 206. IF	YES, WEI	PART 1(c	GS USE	H?
5	MEDICAL CERT	21d. INJURY OC WHILE AT WORK N 22a. I certify the saw the de	CAUSE OF DEA. MEDICAL EXAMINER CURRED OI WHILE LI WORK at (I) (this haspi ceased olive an ve) (did) (did no	PLACE (AT HOUR (AT HOME tal) attended	the deceased	. OFFICE, FARM, ETC.)	21f LOCATION STREET 4/81 nd that in (my) (compared to the compared to the co	. 19	c c c c c c c c c c c c c c c c c c c	E OF INJURY IN ITEM	18, PART 1 C	OUNTY fram the e	s that (I) (v	we) last
		72d PHYSICIAN'S NAME (TYPE OF PRINT) M. SIMMONS, M. D. 22e ADDRESS GBMC-6701 N. CHARLES ST.									157			
1	(BURIAL, CREMATI (SPECIFICAL) PL UNERAL DIRECTO	AL	236. DATE 1/- 8 FRK	11-81 Sons	23c. NAME OF C	THULSA 1901 101 101	923	23d. LOCATION REC'D. BY REG	ISTRAR 25b. REC	COU GISTRAR'S		JRE Varth	TATE /

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR.

CLETTE 9. HESSION FEMALE VALUE

TAISON GENC-6701 N. CHARLES ST.

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	STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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l ' '	REGISTRAR				CERTII	FICATE OF DEATH		REG. N	10.			
	CEASED NAME E OR PRINT)	FIRST	22	MIDDLE	XXX	METZGER	2a. DATE	OF DEATH	MONTH	DAY YEAR	2b. HOU	
3. SE	MALE		4. RACE CAUCA	SIAN	S. DATE (8	N YEARS LAST BIR	YRS.	IF UNDER 1 YEA	AR IF UNDER	
	IRTHPLACE (STATE OR COUNTRY) NEW YORK	FOREIGN	U.S.		WIDOWI			ALTIMO		OUNTY		MD.
	RANDALLST	OWN	BALTO	CO. GEN.	HOS	OR OTHER INSTITUTION		LOCCUPAT ORK FOR MOST O LOYEE		12b. KIND INDUSTR U.S. P	OF BUSINI	ESS OR OFFICE
13a. S	AL RESIDENCE (IF NURS STATE MARY LAND	113b COUN		RANDALLST		134 INSIDE CITY LIMITS?	9011	t address BRUNC	D RD.	#211	.33	
A	BRAHAM		WIDDLE	METZGER		REBECCA		WIDDLE		STEINBE	RG	
	vas deceased ever yes, no or unknown) YES		E WAR OR DATES)	216-42-62		17 INFORMANMRS. S 9011 BRUNO R					#2113	
CERTIFICATION	Conditions, if any, gove rise to imrease to imrease (a), statir underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA	mediate ng the lost	CONDITIONS CC	ONTRIBUTING TO DE	<u>ATH</u> BUT	NOT RELATED TO THE TERM	NINAL DISEA	TOPSY?	20b. IF YE	S, WERE FIND	INGS USE	TH?
MEDICAL CERT	OR CONTRIBUTING (FEITHER, NOTIFY MEDIC 21d. INJURY OCCURI	21g. ACCIDENT WAS UNDERLYING				21t. HOW INJURY OCCURE 21t. LOCATION STREET	RED (ENTER N	NO LI	IRY IN ITEM 18	PART I OR PART 2)		STATE
	22a. I certify that (I) sow the decess above, (I) (we) (c 22b. SIGNATURE 27a. PHYSICYAN'S NA ###################################	(this hospited of olive on, did) (did not	Sied ~	19		DEGREE ATTENDING PHYSICIAN 27e. ADDRESS BALTIMORE	MEDICAL		FF		, that (I) (ve couses sto	
(BURIAL CREMATION, SPECIFY) BURIAL UNERAL DIRECTOR	REMOVAL	23b. DATE	23c. NA/	TZ (EMETERY OR CREMATORY CHAIM	BAL	TIMOR		COUNTY	MD ^s	TATE
29 FL			STOWN R	Nº 6 BROS., D., BALTO.	, MI	21215 NO	V10	1981	136 REGIS	TRARE SIGNA	Thath	len

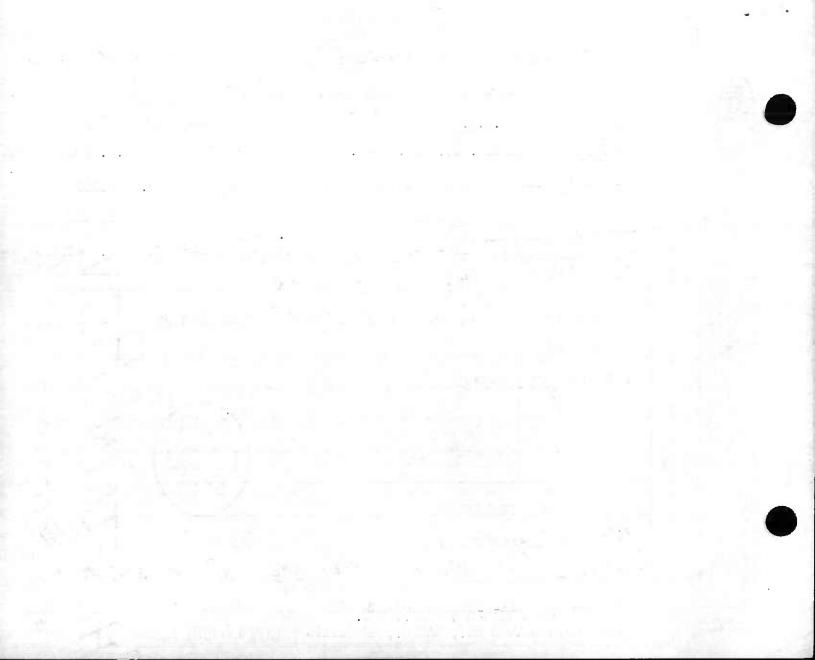
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with the State Dept of Health and Mental Hygene prior to burial, cremotion, or removal

MPORTANT: If Item 21 is morked or Item 18 shows ony

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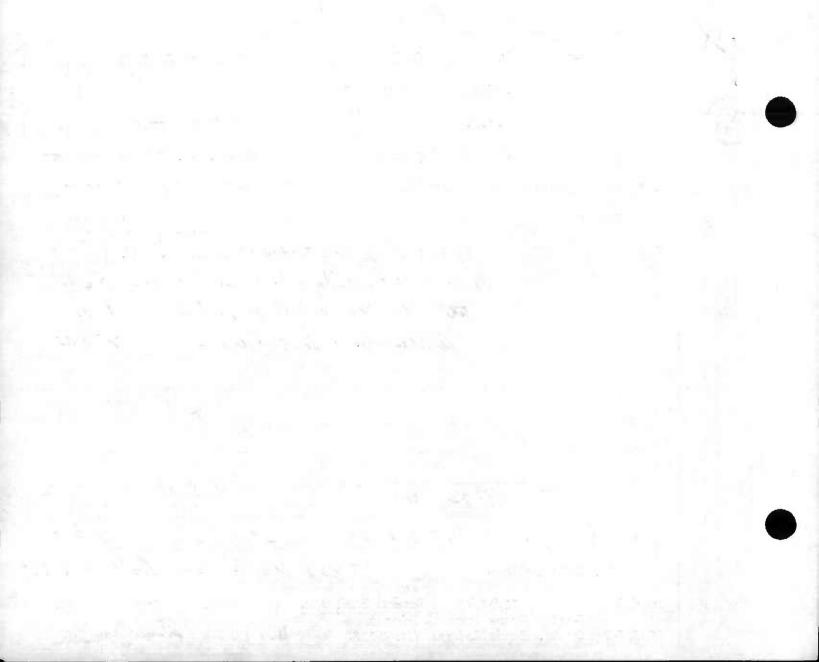
STATE OF MARYLAND

1	FOR STATE REGISTRAR			D		FICATE OF DEATH	GIENE () REG. N	lia.	0 4	0 /
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(146	Thon	nae	P		Minch		November	0 100	27	W M
3. SE		100	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST 8	RTHDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
	Male		Whit		May		57	YRS	INTHS DATS	HOURS MIN.
Io. B	IRTHPLACE (STATE OF F	FOREIGN	76 CITIZEN OF	WHAT CO	UNTRY? 8 MARRI	ED TENEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	F DEATH	
	Maryland		U.S.		WIDOW	/ED DIVORCED	Baltimore	County		MD
10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL,	NURSING HOME IVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O INDUSTRY	F BUSINESS OR
	Hebbville		3001	Roll	ing Road		Balto. Co			rtment
	AL RESIDENCE (IF NURS	136 COUN			OR TOWN	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	Mary land	Balt	imore	Hebb	ville	YES NO	3001 Roll	ina Roa	rd 212	207
	ATHER'S NAME		MIDDLE		LAST	15. MOTHER'S MAIDEN NA			LAS1	
	Unknou		MIDDLE	Minch		Emm			Unknow	
	WAS DECEASED EVER		MED FORCES?	16b SOCI	AL SECURITY NO.	17 INFORMANT	300	T's Rolli		
	Yes	WWI		216-1	4-7880	Mrs. Louis	e Minch BAl			
	18 CAUSE OF DEATH	H Enter on	ly one couse per			01	- , -)		MATE INTERVAL DINSET AND DEATH
	PART I DEATH W		E CAUSE (o)	ewn	us Verta	ica Willitmen 74	ely whim - TK	Paille	MIN	
	Conditions, if ony,	which	DUE TO, O	R AS AS	SEQUENCE	Mysender	Infruit	2	1 yn.	J
	couse (o), statin underlying couse	g the	DUE TO, O	RASACO	SE SELLE OF	lenter Het	Merci		>2>	ins
NO	PART 2: OTHER SIGN	vificant c	ONDITIONS CO	ONTRIBUTI	NG TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 110	1.
CERTIFICATION	19a. DATE OF OPERAT	TION	196 COND	ITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN	IGS USED OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	CAUSE OF DEA		M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2)	
MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		21f. LOCATION				
X	WHILE NOT WH	ILE	(AT HOME, STE	REET, FACTORY	OFFICE, FARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
	220 I certify that (I)		ol) ottended, th	e deceosed	from 7	11-81	10 11.8.	8/ 10		that (I) (we) lost
	sow the decease	ed olive on.	10.	- 20	198/	and that in (my) (cor) opinion	death occurred on the a	ote and hour o		
10	obove, (I) (we) (c	did) (did not	t) view the body	ofter death	1.	DEGREE			22c. DATE S	
	Vlyl 4. hus	No. 2	10 - F	r Je	FFlole	MO ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [11.9	7.81
0	771 PHYSICIAN'S NA	WE ITHE	PRO(E)			3455 h	: 1110 60	- R	11 W	17/175
-			wisher		Too		1 1 my wor	Igh	11/	ull)
	BURIAL, CREMATION,	REMOVAL		100		TORRETERY OR CREMATORY	Balto.		COUNTY	STATE
_	Burial		11/11	781	Lougion	Park Cem.		City		MD

DHMH - 16 50M 1/B1 (VRA 15, 4)

FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd. Randallstown, Md. 21133

R 25 SIGISTRAR'S SIGNATURE NOV 1 0 1981



1	- STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	0.	
	ECEASED NAME FIRST	WIODIE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	DOLOR	ES M	Me	OLLER		11-18-81	11:
3. SEX 4. RAC		4. RACE			6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEA	
	Fem.	Cau.	MONTH 6	15 15 YEAR	66	YRS	S HOURS
70 B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	V2 8	D NEVER MARRIED		R COUNTY OF DEATH	
	Md.	U.S.A.	WIDOWE		BALTIMORE	COUNTY	
40 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NUR	HOSPITAL, NURSING HOME OR OTHER INSTITUTION		12a USUAL OCCUPATION		OF BUSINE
	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STR ST. JOSEPH HO				F WORKING LIFE) INDUSTR	
Usu	JAL RESIDENCE (IF NUR - E OI	ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)			-PIOGLOIA	Gaillb.
130	Md			13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
14 F	ATHER'S NAME	Balto	0.	YES NO I	2037 32n	nd St.	
	Lawrence	J. Mol	1 - 10	FIRST	MIDDLE		AST
160 WAS DECEASED EVER IN U.S. ARMED FO		O. MOI.	Ter	Anna	М.	74	
		VE WAR OR DATES)	CURITY NO.	Lawrence	ADDRE		
	(YES, NO OR UNKNOWN) (IF YES, GR 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	217-12	CURITY NO. 2-8200 and (cl.)	Lawrence C	ADDRE	8935 Carl	isle
	(YES, NO OR UNKNOWN) (IF YES, GR 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ally one couse per line for (o), (b), ED BY: TE CAUSE (o) GENERAL DUE TO, OR AS A CONSECT (b) TUMORAL	CURITY NO. 2-8200 ond (c.) JIZED PI DUENCE OF RUPTU	Lawrence 3	ADDRE	8935 Carl	isle
	(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH LEnter or PART I. DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate	nly one cause per line for (a), (b), iD BY: TE CAUSE (a) GENERAL DUE TO, OR AS A CONSEC (b) TUMORAL DUE TO, OR AS A CONSEC	CURITY NO. 2-820C ond (c.) IZED P DUENCE OF RUPTU	Lawrence S	Moller	8935 Carl	
	(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate couse lost.	nly one cause per line for (a), (b), iD BY: TE CAUSE (a) GENERAL DUE TO, OR AS A CONSEC (b) TUMORAL DUE TO, OR AS A CONSEC	CURITY NO. 2-820C ond (c.) IZED P! DUENCE OF RUPTUI DUENCE OF TIC CA	Lawrence CERITONITIS RE OF CECUM RCINOMA TO CE	ADDRE	8935 Carl	isle DXIMATE INTER N ONSET AND
	(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (AND THE PROPERTY OF THE PROPER	CURITY NO. 2-820C ond (c.) IZED P. DUENCE OF RUPTU DUENCE OF TIC CAL O DEATH BUT	Lawrence CERITONITIS RE OF CECUM RCINOMA TO CECUM NOT RELATED TO THE TERM	ADDRE	8935 Carl	isle DXIMATE INTER N ONSET AND
	(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (AND ONE COURSE OF THE PROPERTY OF THE CAUSE (a) DUE TO, OR AS A CONSECT OF THE CAUSE (b) DUE TO, OR AS A CONSECT OF THE CAUSE (c) DUE TO, OR AS A CONSECT OF THE CAUSE (c) METASTA CONDITIONS CONTRIBUTING TO	CURITY NO. 2-820C ond (c.) IZED P. DUENCE OF RUPTU DUENCE OF TIC CAL O DEATH BUT TH MET.	Lawrence CERITONITIS RE OF CECUM RCINOMA TO CECUM OOT RELATED TO THE TERM ASTASIS	ADDRE	8935 Carl	isle DXMATE INTER N OMSET AND
	(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (CARCINOMA	AND THE CONDITION FOR WHICH THE CALL OF TH	CURITY NO. 2-820C ond (c.) IZED P! DUENCE OF RUPTU! OUENCE OF TIC CA! O DEATH BUT TH MET. CH OPERATION	Lawrence CERITONITIS RE OF CECUM RCINOMA TO CECUM OOT RELATED TO THE TERM ASTASIS	CUM FROM PAINAL DISEASE OR CONE 200 AUTOPSY? YES X NO	NCREAS 206. IF YES, WERE FIND IN CERTIFFING CAUSE YES 210. IF YES, WERE FIND IN CERTIFFING CAUSE YES 210. IF YES, WERE FIND IN CERTIFFING CAUSE YES 210. IF YES, WERE FIND IN CERTIFFING CAUSE	isle DENIMATE INTER NONSET AND

O FUNERAL DIRECTOR: should be detoched for with the Stote Dept of IMPORTANT: If Ifem 21 DHMH - 16 50M 1/81 (VRA 15, 4)

After this certificate has

REYNALDO ORJUELA-GOMEZ, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 11-21-81

23c NAME OF CEMETERY OR CREMATORY Holy Redeemer

22e ADDRESS

DEGREE

STATE OF MARYLAND

23d LOCATION CITY OR TOWN COUNTY Balto.

STAFF

DIRECTOR | PHYSICIAN |

STATE Md.

11-19-81

22c. DATE SIGNED

21204

Carlisle Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24 FUNERAL DIRECTOR

22d. PHYSICIANS NAME

226. SIGNATURE

ATTENDING

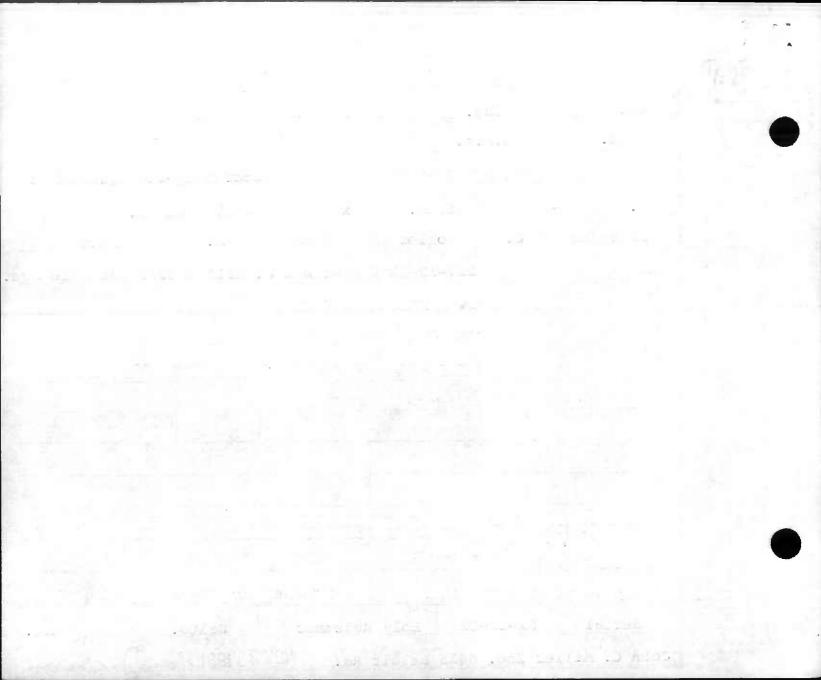
PHYSIC IAN

MEDICAL

7620-YORK ROAD TOWSON, MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

John C. Miller Inc. 6415 Belair Rd.



0	2	5	
7LAND 21201	thin 24 hours ofter deoth. Page 4 may be	ely filled in by the funeral directar, page 3 should be filed within 72 hours after death	ner mystibe lotified of ance.

FOR

REGISTRAR 1. DECEASED NAME TYPE OR PRINT!

Male

To. BIRTHPLACE ISTATE OR FOREIGN

TOWSON

George

Canditians, if any, which gove rise to immediate cause (a), stating the

underlying couse last.

No DATE OF OPERATION

77h SIGNATURE

THE ACCIDENT WAS UNDERLYING [7]

OF CONTRIBUTING CAUSE OF DEATH

CRITISHER, NOTEY MEDICAL EXAMINER) TIE INJURY OCCURRED

NOT WHEE

27s. I certify that Within haspital categody the successed from NOV 6TH 19. saw the deceased alive on NOV . 61 above, (I) (we) (did) (did not) view the body after

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

Maryland

Md.

4 FATHER'S NAME

10 CITY OR TOWN OF DEATH

ROBERT

Balto.

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Old

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (6), (6), ond (c).
PART I. DEATH WAS CAUSED BY:
DECEMBED A TIONS

- STATE

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT

MOORES

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT

WIDOWED

17e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

7620 YORK RD.

JOSEPH HOSPITAL

PULMONARY OBSTRUCTI

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

CORDON

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Moores

IMMEDIATE CAUSE (RESPIRATORY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

216 TIME OF INJURY

21st PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORS OFFICE FARM ETC.)

Reisterstown

16b. SOCIAL SECURITY NO

215-01-4170

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

NTOFU	EAITH AND MENTAL HYC	IEME 8		Em	3 4	U	7
		IEME					
L	AST	2a. DATE OF [ONTH DA	AY YEAR	2b. HOUR	? .
ORES	S. SR.	NOV	бтн	7.05	27	6.21	
						IF UNDER 2	_
June		71		YRS.	ONTHS DAYS	HOURS	MIN.
AA A DDIE	NEVER MARRIED	9 BALTIMOR	CITY OR	COUNTY	OF DEATH		
WIDOWE		BALT	IMORE	COL	INTY		М
	OR OTHER INSTITUTION			4	12b. KIND C	F BUSINES	
	SPITAL			ORKING LIFE)		trica	al
mission)	YES NO		PRESS 4 Knc	x Ave			
			WIDDLE	Mac	aBee 1AS	т	
70	17 INFORMANT Lillian A. Mo	ores					
c i. i	FICATE OF DEATH REG. NO. S. SR. OF BIRTH 10	MATÉ INTERV ONSET AND D	AL E ATH				
RY A	RREST DUE T	O CHRO	ONTC				
CE OF_							
OB	STRUCTIVE D	ISEASE	E WIT	Ή			
	DITT TOTTO TOME	HYSEMA					
			OR CONDIT	ION GIVE	J INI PART 1		
	THE TERM	III TAE DISEASE	OK COLIDII	1014 01461	4 114 1 75 1 1 1 1	,	
PERATION	N WAS PERFORMED		70"	N CERTIFY!	NG CAUSES	OF DEATH	(7
	121r HOW INJURY OCCURR	The state of the s	Name of the last o	1,77	tion of the contract of the co	NO []	_
YEAR							
19	211 LOCATION		_				_
A, ETC.)			EITT OR TOWN		COUNTY	Sha	172
CT.	26, 10 81	to NO	V 6T	H 10	. 81	ther Whee	at last
on	d that in (my) (Xr) opinion o	leath occurred	on the date	and hour o			
	The state of the s	OPPLIES OF LINES	POSTER DEV	-	7		25.0
	ATTENDING	MEDICAL	STAFF	wh-	-	10450000	
	1111 W 12 1917 C	and the best best of the		7 10 10 10 10 10 10 10 10 10 10 10 10 10			

physician and cample popers. Pages 1 and event, the or remaval. or other troumatic prior to burial, cr Q permit. Then r use as the burial-transit per Health and Mental Hygrene 18 shows certificate marked or Item should be detached with the State Dept.

CERTIFICATION

MEDICAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

Nov. 9, 1981 Evergreen Mem. Gardens Finksburg, Carroll, Md. STATE Burial

HH/N

23b. DATE

Owings Mills, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION

C/25 Muso

TOWSON.

21204

are the state of the second se THE CHARGE COLUMN TO THE PARTY. Her. 9. 1981 Magration Man. Gamball of May

requires that the death certificate be executed within 24 hours after

	1-
M)	I. DEC

and completely filled in by the funeral director oges 1 and 2 should be filed within 72 hours aft

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and coshauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	1	2	8	2	1	1

DECEASED NAME FIRST			REG. NO.	
	WIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
Mary	Kavanagh	Moran	11/2/81	11/2
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
Female	White	10-17-09	72	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUL	NTRY? 8.	9 BALTIMORE CITY OR C	
Maryland	U.S.A.	MARRIED NEVER MARRI		: County M
CITY OR TOWN OF DEATH		JURSING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OF
Baltimore	301 Hopkins	Rd 21212	Homemaker	ORKING LIFE) INDUSTRY
SUAL RESIDENCE OF NURSING HOLE 30 STATE Maryland -	OR OTHER INSTITUTION GIVE RESIDENC UNITY 13¢ CITY OF Balt		0616	lie Ave
4 FATHER'S NAME	MIDDLE	15. MOTHER'S MAIL	DEN NAME	
Denis SXX	Francis Mor	- FIRST	MIDDLE	Gumpman
60 WAS DECEASED EVER IN U.S.		SECURITY NO. 17. INFORMANT	ADDRESS	
(18 YES.	GIVE WAR OR DATES) 214-34	4-3004 Mary J Ri	ehl 301 Hopkins	Rd 21212
18 CAUSE OF DEATH (Enter	anly ane cause per line far (a),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CON	SEQUENCE OF	ie terminal disease or conditi	ON GIVEN IN PART I (a
PART 2 OTHER SIGNIFICAN	T CONDITIONS <u>CONTRIBUTIN</u>		20a AUTOPSY? [20	ON GIVEN IN PART I I O b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTI	OF TO DEATH BUT NOT RELATED TO THE VHICH OPERATION WAS PERFORMED 21c. HOW INJURY (19 211. LOCATION	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO}\)

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

24 FUNERAL DIRECTOR

11-5-81

New Cathedral

NOVE REGG 1981 TRANSPORTED TO SECONDARY

Mitchell-Wiedefeld Home 6500 York Rd 21212

il. NEET SO I made 1886 and fall similar th the funeral director page 3 d within 72 hours ofter death

injury, or other troumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shows any

moy be

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

	1 -	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	0.	8 2	1 1
		CEASED NAME FIRST	MID	DOLE	4	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
		MARY		-	M	ORRIS	NOVE B	ER :	5 81	950 P
	3. SEX	(.	RACE	5.	DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		EMALE (AUCAS	SION	Augu		85	YRS		THE SAME
-		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WE	HAT COUNTRY? 8	AARRIEI	NEVER MARRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	
5		Maryland U	Inited S		DOWE		Baltimor	e Cou	nty	MD.
	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING H		R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
6	R	ossville	MANO	3 CARE		ROSSVILLE	House wif		Home	
1	13a. S	AL RESIDENCE (IF NURSING FOR OR OT ITATE COUNTY	113	VE RESIDENCE BEFORE ADM BL. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS? YES 🔏 NO 🗍	3924 Hud	son S	t.	
	14 FA	THER'S NAME FIRST MID	NO. E	LAST		15 MOTHER'S MAIDEN NAM	-			
0		George C.		Wolf		Mary	F.	1	Wolf	
		VAS DECEASED EVER IN U.S. ARME	(AR OR DATES)	SOCIAL SECURITY		17 INFORMANT	ADDRE	SS		
<		NO	- 2	214-74-316	2	Mrs. John Kr	opfelder 3	529 Jui	neway	
		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED BY IMMEDIATE COnditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR A	HEART AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	fa OF	iture arting dis	case		APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
	NO	PART 2 OTHER SIGNIFICANT CON Lomble	NDITIONS CON		H BUT	1 0	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPE	RATION	N WAS PERFORMED	200 AUTOPSY? YES □ NO ☑		WERE FINDIN	
1	-	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF II HOUR A.M. P.M.		YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUS	RY IN ITEM 18, PAR	RT I OR PART 2}	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FARM, I	ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and etoined by the hospital HOSPITAL

ottending physicion

DHMH - 16 50M 1/81 (VRA 15, 4)

JOSELH HAROUN 23a BURIAL, CREMATION, REMOVAL 23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

22b. SIGNATURE

(SPECIFY)

22a.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on the body ofter death.

9101 Franklin Sq. 231 NAME OF CEMETERY OR CREMATORY OakLawn Cemetery

and that in

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MA

23d LOCATION CITY OF TOWN

Dr.

MEDICAL

DIRECTOR

our) opinion death occurred on the date and hour and from the causes stated

ralto.

STAFF
PHYSICIAN

Baltimore Co., Md. 25h REGISTRA

24. FUNERAL DIRECTOR Lilly & Zeiler Inc. F.H. 700 S. Conkling St.

Nov. 9,1981

250 DATE REC'D. BY REGISTRAR

22c. DATE SIGNED

6

21237

that (I) (we) lost

DHMH - 17 (VR A15 ME (5)) 30M 7/73

.0	20	1-	FOR STATE		STA DEPARTMENT OF DICAL EXAMIN		ND MENTAL H	4		2	8 2 1	2
	EG.		REGISTRAR CEASED NAME FIRST	MEI	MIDDLE	LAST	TIFICATEO		DATE KNOW	G. NO.	d DAY YEAR	2b HOUR
		(TYI	Maria		L . Λ	10scato			OF ESTI DEATH MATE	. –	. 2719 81	3 P.
3 14	SARY, PLEA AL DIRECT YOU N 72 TON	3. SE		S. DATE OF BIRTH MONTH DAY 1 July 31	YEAR LAST BIRTHD	ARS IF UNDER	DAYS HOURS		DATE ONOUNCED DEAD	MÓNTH	DAY YEAR	2d. HOUR
5	WITH PRES	I FC	RTHPLACE (STATE OR REIGN COUNTRY) WWW YORK	U.S.A.	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIE	ED A I		-	nty of death Baltimore	Co.MD
	PELAY IS N TO THE FIL 1 PAGE 5 BE FILED, 55, 301 W.	F	or town of death Candallstown	Randalls	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESSI town Convai	lescent	NSTITUTION Center	Disa	OCCUPATION TOF WORKING LIFE BLED	(TYPE OF WORK	0R INDUST	JSINESS RY
1201	F ANY DE ANY DE AND 3 T AND 10 B AND AND B AND AND B AND AND B AND	13a. S M	ALRESIDENCE (IF IN NURSING HOME O TATE 136 COUNT Caryland Balt		RESIDENCE BEFORE ADMISS 130. CITY OR JOWN Randallsto	own 13d.			ADDRESS Sadie 1	Rd. 211	33	
RE, MD.	PAGES 1, 2 DRM PM 3 1 AND 2 3 1 OFWITAL	0	ather's name nofrio	WIDDLE	Moscato		MOTHER'S MAIDER Marianna	ζ	MIDDLE	Ra	ineri	
ALTIMO	AFTER IVE PA H FOR GES 1	{Y	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V		166. SOCIAL SECURIT	1	informant My 928 Sadie		eanor⁴□□ Randali			33
W. PRESTON ST., BA	D WITHIN 24 HOURS BENCIL IN ITEM 18. G AMINER ALONG WIT -TRANSIT PERMIT. PA ENTAL HYGIENE, DIVI		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a) stoting the <u>underlying couse lost</u> .	D BY: E CAUSE (a) DUE TO, OR (b)	for (a), (b), and (c).) AS A CONSPOUENCE AS A CONSEQUENCE		MACH				APPROXIMAT BETWEEN ONSE	
RECORDS, 301	ULD BE EXECUTE "PENDING". IN PENDING". IN PENDING". IN PENDING. EX. SED AS A BURIAL HEALTH AND MI CREMATION, OR	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	(c)	BUT NOT RELATED TO THE TERM	NINAL OISEASE OR (ONOITION GIVEN IN PART	T 1 (a).				
		FICATI	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATION WAS F	PERFORMED?				20. AUTOPSY	
ON OF VITAL	FICATE S THE WO OULD BE RTMENT TO BURI,	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		INJURY . MONTH DAY YEAR	3	NJURY OCCURRED) (ENTER NAT	URE OF INJURY IN IT	EM 18 PART 1 OR P	YES L	NO []
DIVISION	THIS CERTING, WRITING WARDED T PAGE 3 SH STATE DEPA	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCAT STREET		C	ITY OR TOWN	CC	OUNTY	STATE
	XAMINER: ERTIFICATE LD BE FOR NRECTOR: WITH THE S RRYLAND, 2		22a. I certify that Jook chorge death resulted fram: Notice ACTUAL SIGNATURE			Autopsy [icide],	Inspection Homicide ,	Undeterm	ined monner	ond in my o		187
7	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	23a. B	EXAMINER'S NAME (TYPE OR PRINT)	P. [] 1]	1 A A S 6		RESS 535	23d LOCA	ZKTO /	VAT!	LPK2	1228
	RP	1		1-30-81	Lorraine	Park C	emetery	Woodl	awn I	Baltimo	re Mar	yland

Burial 11-30-81 Lorraine Park Cemetery Woodlawn Baltimore M

24 FUNERAL DIRECTOR Loring Byers Funeral Directors Inc. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE

8728 Liberty Road Randallstown, Maryland 21133 DFC 1 1981



	Pog	
•	deorf	
	te be executed within 24 noun after t	
	hat the death certifica	
	The law requires the	ion.
	JOING PHYSICIAN: 1	ar offending physic
	IOSPITAL OR ATTEN	tained by the haspital
	0	eto

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the fille

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the

FOR

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTII	FICATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
MARY	Frances MUR.	PHY		11 23	81	2130A
3. SEX	4. RACE 5. DATE (6 AGE (IN YEARS LAST BIR			FUNDER 24 HRS
FIEMALE	White Sep	1.23 1908	73	YRS.	DATS	MIN.
7a BIRTHPLACE (STATE OR FOREIGN 7	TE CITIZEN OF WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF D	EATH	
New York	U.S.A WIDOW		BAltin	cove Co	sunt	4 MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPATI		b. KIND OF E	SUSINESS OR
RAndAllstown	Balto. Co. Gen	. Hosp.	Telephone C	Decator 1	clept	rone
USUAL RESIDENCE (IF NURSING HOVE OR COUNT 130. STATE JEVSTY OCC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		130 STREET ADDRESS	Crestu	200d	VillAge
14. FATHER'S NAME	Hot Two stilling	15. MOTHER'S MAIDEN NAM		131114110	4 DI	ud.
Patrick :	J. HAYES	MAIGAU	ef MIDDLE	1	404 :	S ·
	MED FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS 414G	wunn	west 12
No	110-01-2251	Daniel P.W.	Jusphy Jr	. Reist	evstou	un, lud
18. CAUSE OF DEATH (Enter anly	y one cause per line far (a), (b), and (c))		11		APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
PART I. DE ATH WAS CAUSED IMMEDIATE		Y CONGES	TIVE HEI	ARI FAI	LUR	1-
3989	DUE TO, OR AS A CONSEQUENCE OF					
Conditions, if any, which	(b) RHEUMAT	TIC HEART	DISE	95t	2	
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF					
	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 1(a	
NOI						
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER		
III I			YES NO	YES		NO 🗌
OR CONTROL TIME CALLES OF DEATH	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 O	R PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn co	OUNTY	STATE
WHILE NOT WHILE AT WORK						
	ol) attended the deceased from	. 19	, to			at (I) (we) last
sow the deceased alive on abave, (I) (we) (did) (did nat)	view the bady after death	nd that in (my) (aur) apinion d	eath accurred on the do			
The SIGNATURE TO	& Stdain	ATTENDING PHYSICIAN	MEDICAL STAR	F	11/2. DATE SIC	3/81
114. PHYSICIAN'S GAME (THEOR		22e ADDRESS				^
MAFEED	A SYFDMI	BALTIMORE	= QUINTY	GEN	Ha	9/2 .

232 NAME OF CEMETERY OR CREMATORY All Saints Ceim.

23d. LOCATION

× .

eisterstown

RESTOTRAR'S SIGNATURE

23b. DATE

160.25.1981

Wings

CREMATION, REMOVAL

23a BURIAL,

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

a de manage assamente de l'hieranne le l'hieranne J. B. Let for the All Sanda Com Route the Balls Led 14 Selford Many Stall Wat May 200 - 12